Oakwood University Student Insurance Enrollment/Waiver

Complete this form EACH academic year to enroll in Oakwood’s Student Insurance Plan or to request a waiver.

Student Information

Student Name: ___________________________ Student ID: ________________

Date of Birth: ___________________________ Gender: M / F

Local mailing Address: ___________________________________________________________(While at School)

Check one of the following boxes

☐ Enroll in Oakwood’s Student Insurance Plan
   (For student health insurance benefits go online www.uhsr.com/oakwood)

OR

☐ Waive Oakwood Student Insurance Plan:
   Students may decline Oakwood’s student insurance plan by providing proof of private insurance. Private insurance policies MUST provide coverage in Huntsville, AL for office visits, lab work, ER visits, and hospitalization. Out of state Medicaid programs do not qualify for a waiver. Students (or parents) are responsible for verifying their insurance plan coverage.

Health Insurance Information

Insurance Company Name: ________________ Primary Policy Holder’s Name: ________________

Group Number: ____________ Policy Number: ________________ Telephone: ________________

Claims Mailing Address: ____________________________________________________________

By completing this form, I also authorize Oakwood University Health and Counseling Services to share medical and/or other related information as needed for the purpose of securing payment. I understand that I am financially responsible for payment of medical services not covered by my plan or paid by an insurance policy.

I attest that this information is valid and accurate. I understand that willful falsification of information is a violation of the university student code of conduct and all information on this page is subject to verification.

Student’s Signature: ___________________________ Date: ____________________

Parent/Guardian’s Signature: ___________________________ Date: ____________________

(Required if student is under 19)

Student must provide copy of insurance card (front & back) to Health Services by August 28, 2013 to have insurance fee removed

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Oakwood University Consent to Treat
(Parent/Guardian signature required, if student is under 19)

Parent/Guardian/Student (circle one) I, _____________________________, hereby authorize Oakwood University Health and Counseling Services and their agencies or consultants; including those at the area hospitals to perform any diagnostic or therapeutic examination, procedure or treatment on the above patient, which in their judgment may become necessary. As the parent/guardian, I waive all claims to prior notification. I understand that every effort will be made to notify me in the event of a major illness or injury. Consent is hereby granted to the Health and Counseling Services to release pertinent medical information and give any immunization required of Oakwood University students, if such immunization has not been completed or proof of completion is lacking.

EMERGENCY CONTACT INFORMATION

Name: ___________________________________________ Relationship: ______________________________________

Address: __________________________________________________________________________________________

Phone (day): ______________________________ (evening) __________________________ (cell) ________________________

Student Name: ___________________________ Student ID # ___________________________

Student Signature: ___________________________ Age ___________________________ Date ___________________________

Parent/Guardian Signature required if student is under 19

Print Name of Parent/ Guardian ___________________________ Date ___________________________

***PLEASE COMPLETE THESE FORMS AND RETURN PRIOR TO REGISTRATION***

○ Fax – (256)726-7471
○ Email – ouhs@oakwood.edu
○ Mail – Oakwood University Health Services, 7000 Adventist Blvd, Huntsville, AL 35896

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