

Pomona College
Student Health Insurance Plan Waiver
Appeal Petition: High Deductible Plan



I am requesting to waive enrollment into the Pomona College Student Health Insurance Plan for the student identified below.

Name of Student: _____ Student ID: _____

Name of Insurance Plan: _____ Deductible: _____

By submitting this completed request I, the undersigned parent/guardian/spouse:

1. acknowledge that the health plan of coverage in which the student is currently enrolled includes a deductible higher than that of the Pomona College Student Health Insurance Plan Waiver Criteria (\$1,000 per policy year for individuals or \$2,000 per policy year for family); and
2. am asserting that I am financially prepared to cover the expense of the higher deductible; and
3. agree to accept full financial liability for any medical costs incurred by the named student that would otherwise be covered by the Pomona College Student Health Insurance Plan.

Printed Name

Signed Name

Date

Relationship to Student
(Must be a parent/guardian/spouse)

Please fax your completed form to **(877) 778-6787** or upload to your online waiver petition.

THIS SECTION TO BE COMPLETED BY THE DEAN OF STUDENTS OFFICE ONLY:

Approved Denied

Dean of Students Representative

Date