



Oregon State University
Student Health Services

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<http://studenthealth.oregonstate.edu/>

Summer Session 2018
Opt-Out Form

NAME: _____

OSU ID: _____

STREET ADDRESS: _____

DATE OF BIRTH: ___/___/___

CITY/STATE/ZIP: _____

PHONE: _____

GA DEPARTMENT: _____

EMAIL: _____

Reason for Declining (check one):

- I am covered by another health insurance plan during the summer term
- I am graduating and/or will not return to the Graduate School summer or fall term
- Other reason for declining: _____

By signing below I acknowledge that I have been offered PacificSource Health Insurance by Oregon State University. I voluntarily choose not to enroll myself and my dependents on the summer session plan at this time, or recognize that due to graduation I am not eligible for summer coverage. I understand that the next opportunity to enroll will be during the open enrollment period, should I qualify for coverage by holding a Graduate Assistantship or Graduate Fellowship. I understand that the summer prepaid health premiums will be refunded and that I will not have coverage with PacificSource during the summer months: July, August and September. I understand that this form must be submitted no later than **Monday, May 01, 2018** in order to opt-out.

Signature

Date