STUDENT HEALTH SERVICES FEE WAIVER FORM

Please do NOT duplicate this form. This form is to be used by students ONLY when authorized by Student Health Services.

IMPORTANT INFORMATION

Undergraduate students registered for 6 or more credits who have waived the Health Insurance Fee are eligible to waive the Health Services Fee for the semester in which they will be abroad, only. The Online Waiver Form for the Health Insurance Fee must be submitted online by the student before this form will be accepted and processed. The Health Insurance Fee can be waived at www.universityhealthplans.com (click on “The New School” link). All students must enter their comparable health insurance information on the Online Waiver Form. All students must have insurance coverage, including students who are studying abroad. The waiver deadlines are below.

All students who are enrolled in the student health insurance plan must also pay the Health Services Fee. This form will not be accepted for students who are enrolled in the Aetna Student Health Insurance plan.

Students studying abroad at Parsons Paris are not eligible to waive the Health Services Fee.

Please Complete:

Name ________________________________ (Last Name) ________________________________ (First Name) ________________________________ (Middle Name)

Student ID# ___________________________ Phone # ___________________________ Email ___________________________

Check one:  □ BAFA (Dual-Degree) □ CoPA □ Lang □ Parsons □ SPE

Check one:  □ Fall □ Spring

Please note: If you will be studying abroad in both the fall and spring semesters, another 2017-2018 Study Abroad Student Health Services Fee Waiver Form will need to be submitted in the spring before the spring waiver deadline. This waiver does not automatically carry over to the spring.

I certify that I am an undergraduate student studying abroad for the semester indicated above. I confirm that I have waived the Aetna Student Health Insurance plan. I wish to waive the Student Health Services Fee for the semester in which I am abroad. I understand that I will not have access to Student Health Services for the entire semester coverage period (Fall: 8/20/17-1/14/18, Spring: 1/15/18-8/19/18).

Signature: ________________________________ Date: ___________________________

Waiver Deadlines:
Fall Semester: September 20, 2017
Spring Semester: February 14, 2018

Submit form to:
Student Health Services
80 Fifth Avenue, 3rd Floor
New York, NY 10011
Fax: 212.614.7484
shs@newschool.edu