CONNECTICUT COLLEGE

STUDENT INSURANCE

ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

Our insurance broker, Gallagher Student Health, has reviewed your waiver of the student insurance plan. As part of the process they review whether or not the insurance provided in lieu of the school insurance offers comparable coverage, as now required by the Healthcare Reform Act, in the New London County area.

There are concerns regarding your level of coverage or lack of coverage while here in Connecticut. You indicated on your waiver form that there is coverage for both emergency and non-emergency situations. Upon the advice of our insurance agent, we are concerned your coverage maybe limited or non-existent for non-emergency situations. This could result in significant out-of-pocket costs for you. Our additional concern is that your health could be compromised if you do not have the funds readily available to pay up front for local area medical provider care.

Considering your continuing request to waive the Student Health Insurance plan, we have agreed to approve the waiver of the school insurance, on the condition that you sign below and acknowledge your understanding and acceptance of any potential out-of-pocket expenses due to the limitations of the coverage you carry.

If you feel your coverage is sufficient and truly offers emergency and non-emergency coverage, please complete the section below to acknowledge financial responsibility for any and all costs that may result from healthcare provided here at Connecticut College and from any area providers and return as soon as possible. We encourage you to discuss this with your family to confirm that you will not avoid seeking appropriate primary care due to costs concerns. Please E-mail the completed form to shs@conncoll.edu.

I_____ acknowledge upon signing here that I assume full financial responsibility for any and all costs generated by me for medical and behavioral goods &/or services both at Connecticut College Student Health Services and any area community healthcare providers.

I acknowledge that by signing here I will be granted a full waiver of the student insurance plan for 2025/2026 provided by the college and will make no claims against this school provided coverage or insurance company.

Student Name: _____ Date of Birth: _____

Signature:_____ Date:_____

If student is under the age of 18, a parent/guardian signature is required.