



**SPECIAL CIRCUMSTANCE WAIVER FOR POLICY YEAR 2023-2024 - BY SEMESTER**

**PLEASE SUBMIT TO: [STUDENT@HAYLOR.COM](mailto:STUDENT@HAYLOR.COM)**

RENSSELAER POLYTECHNIC INSTITUTE REQUIRES THAT ALL ENROLLED STUDENTS CARRY VALID HEALTH INSURANCE COVERAGE. THE RPI STUDENT HEALTH INSURANCE PROGRAM IS MANDATORY FOR STUDENTS AND IS ASSESSED AS A MANDATORY FEE TO THE STUDENT'S RPI ACCOUNT AND BILLED ON THE TUITION STATEMENT. A QUALIFIED WAIVER OF THIS MANDATORY FEE AND COVERAGE IS AVAILABLE TO THOSE STUDENTS THAT CARRY PRIVATE HEALTH INSURANCE COVERAGE THAT BOTH MEETS THE REQUIREMENTS FOR ATTENDANCE AND IS IN FULL EFFECT BY THE FIRST DAY OF CLASSES FOR THE SEMESTER DURING WHICH WAIVER IS REQUESTED. THOUGH THE STANDARD WAIVER PROCESS IS AVAILABLE ONLINE, ADMINISTRATION DOES REALIZE THAT CERTAIN CIRCUMSTANCES CANNOT BE ADMINISTERED BY THE AUTOMATED ONLINE SYSTEM. BY COMPLETING THIS FORM, YOU ARE REQUESTING THAT THE RPI REVIEW YOUR CIRCUMSTANCES TO DETERMINE IF AN EXCEPTION TO THE RPI POLICY AND PROCEDURE AS PER ASSESSMENT AND WAIVER OF THE HEALTH INSURANCE REQUIREMENT CAN BE GRANTED BASED ON ALL INFORMATION CURRENTLY AVAILABLE.

**STUDENT INFORMATION**

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| <b>FIRST NAME:</b>                             |  | <b>LAST NAME:</b>         |  |
| <b>RENSSELAER IDENTIFICATION NUMBER (RIN):</b> |  | <b>RPI EMAIL ADDRESS:</b> |  |

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| <b>STUDENT STATUS:</b> | <b>UNDERGRADUATE:</b> | <b>GRADUATE:</b> |
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| <b>OUTSIDE OF THE US - I CERTIFY THAT I AM OUTSIDE OF THE COUNTRY THIS SEMESTER.</b> |
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**STUDENT ATTESTATION**

I UNDERSTAND THAT THE RPI HEALTH INSURANCE PREMIUM IS A MANDATORY FEE AND STIPULATION OF MY VOLUNTARY ATTENDANCE AT RPI. THE PROGRAM IS STRUCTURED AS A PER-SEMESTER TERM POLICY, PAID IN FULL. WAIVERS MUST BE RENEWED EACH ACADEMIC POLICY YEAR. FURTHERMORE, I REALIZE THAT IF GRANTED WAIVER OF THE RPI STUDENT HEALTH INSURANCE PROGRAM, I AM NO LONGER ELIGIBLE FOR THE BENEFITS OF THE PROGRAM EITHER ON CAMPUS OR IN THE COMMUNITY DURING THE PERIOD OF WAIVER. IF I HAVE USED THE INSURANCE FOR PAYMENT OF MEDICAL EXPENSES, I AM NOT ELIGIBLE FOR FULL WAIVER DURING THE POLICY YEAR OF USAGE. IF MY APPLICATION FOR WAIVER WAS RECEIVED AFTER THE RELEVANT WAIVER DEADLINES, WAIVER MAY NOT BE POSSIBLE. I AGREE TO PROVIDE ALL DOCUMENTATION REQUIRED TO DETERMINE ELIGIBILITY AND VALIDITY OF SPECIAL CIRCUMSTANCE WAIVER AS REQUESTED BY THE RPI STUDENT HEALTH INSURANCE OFFICE.

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| <b>STUDENT SIGNATURE</b> | <b>DATE</b> |
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