



**Enroll in or Waive out of the Student Accident and Sickness
Insurance Plan (SASIP) of the Claremont Colleges
For Students Who Entered Fall 2008**

Pomona College requires that all students carry health insurance. You may elect to enroll in the Student Accident and Sickness Insurance Plan (SASIP) provided through the Claremont Colleges, or **you may waive out** if you may have a private insurance policy. If you do not waive out, you will be automatically enrolled in the student health insurance plan through the Claremont Colleges.

In the best interest of our students' health and access to care, we require that a Pomona College student's alternative coverage be comparable to the Claremont Colleges' Student Accident and Sickness Insurance Plan (SASIP) if you wish to waive out.

Please review your coverage thoroughly to ensure comparable coverage prior to completing the waiver form. You are responsible for all medical expenses resulting from services that are not covered by your health insurance. You may wish to pose the following questions to your family's health insurance company as you decide whether your policy from home is sufficient or whether you should purchase the College's policy:

- What if you were in a bicycle accident and needed surgery to repair damage to your knee?
- Would you be covered if you chose to get this surgery near campus or would they only provide coverage if you traveled back home for the surgery?
- What if you needed to see an allergy specialist or get specialized tests?
- Could you do so in Claremont?

It is very important that you investigate your home health insurance policy. You might find that it does not cover services that are out of network, and, for example, if your policy is in another state, it may not cover seeing a specialist in California.

Acceptable Comparable Health Insurance Coverage

Refer to the SASIP website at www.renstudent.com/claremont for a complete description of the insurance plan. In order to waive coverage, your plan must meet the following criteria:

- It covers treatment for emergency care, medical and surgical treatment, diagnostic procedures, laboratory tests, treatment of mental and nervous disorders, specialty consultations, and hospitalization (including inpatient hospitalization for mental health/psychiatric care and chemical dependency) while at Pomona College.
- It covers you for all those services while you're a student at Pomona College or traveling in the United States or abroad.
- It has a maximum benefit of at least \$100,000 per injury or sickness.
- It covers injuries resulting from the practice or play of intramural/club sports
- It is domiciled in the United States.

To Waive or Enroll in the Student Health Insurance Plan: Students not completing this form or providing private medical insurance information prior to the beginning of the semester will be automatically enrolled in the Claremont College student insurance plan, and the student's account will be charged with the current annual student SASIP premium. SASIP fee is reflected on your tuition bill. The fee is \$1,124 for the period August 7, 2009 to August 27, 2010*. The College further requires that proof of insurance be provided to the College EACH year that you are an enrolled student. **If waivers have not been submitted by July 1, 2009 you will be automatically enrolled and \$1,224 will be charged to your student account.**

* The rate for students 25 years and under is \$1,224. The rate for students 26 years and older is \$1,624.

If you have any questions about the SASIP plan, please contact the Office of Student Affairs at 909-621-8017 or studentaffairs@pomona.edu.

Financial Assistance for the Claremont College Student Accident and Sickness Insurance Plan

Pomona College recognizes that the cost of coverage in the Claremont College Student Accident and Insurance Program (SASIP) may cause financial hardship for some students and their families. If a student does not have medical insurance which meets the minimum standards of SASIP, and is in need of financial assistance to cover the cost of the premium, the student should submit a written request for assistance to the [Financial Aid Office](#). The request will take into consideration the student's financial aid eligibility based on the schedule posted below. In each subsequent year at Pomona College, the student will be eligible to renew their accident and sickness insurance and will also be able to renew their grant and loan assistance to cover the cost of the premium. Any questions regarding financial assistance should be directed to the [Financial Aid Office](#).

Level of Grant Assistance	
If you are receiving scholarship and grant aid:	You can expect:
Which covers the full cost of tuition, fees, room & board (\$49,668)	An additional Pomona grant to cover the cost of the insurance premium: \$1,224
Which covers the full cost of tuition, fees and a portion of the room & board charges (between \$37,017 and \$49,668)	An additional Pomona grant to cover 50% of the cost of the premium and a loan to cover the remaining cost: \$612 grant/\$612 loan
Grant aid less than the cost of tuition and fees (\$37,017)	An educational loan to cover the full cost of the premium: \$1,224

Claremont College (SASIP) Health Insurance

**Enrollment/ Waiver Form 2009-10
For Students Who Entered Fall 2008
Deadline: July 10, 2009**

Submit completed form to:
Office of Student Affairs
550 N. College Avenue, Ste. 102
Claremont, CA 91711
or by Fax: (909) 607-7288

Instructions (*this form is required*)

Please be sure to complete and sign this form. Incomplete forms cannot be accepted, so please double-check each section for completeness. Students not completing this form will be enrolled in the Claremont College Student Accident and Sickness Insurance Plan (SASIP) and charged the current annual Student Health Insurance Premium. If you have any questions, please contact the Office of Student Affairs at (909) 621-8017 or studentaffairs@pomona.edu.

Student's Name

_____ *(last, first, middle initial)*

ID Number

SELECT ONE:

Enrollment: I wish to enroll in the Claremont College Student Accident and Sickness Insurance Plan (SASIP). I understand that I am responsible for all medical expenses resulting from services that are not covered by the plan. The Plan does not include dental or vision benefits.

Parent/Student signature _____ **Date** _____

Please note that by selecting the Claremont College Insurance, you will be charged for the annual plan. The fee is \$1,224 for the period August 7, 2009 to August 27, 2010. The SASIP fee is reflected on your tuition bill.

Waiver: I have comparable health insurance coverage that meets or exceeds the Pomona College Student Accident and Sickness Insurance Plan (SASIP) for the period of my enrollment at Pomona College. Waivers will be required to be submitted on an annual basis.

Parent/Student signature _____ **Date** _____

Certification: Information on current health insurance coverage is required if waiving the SASIP:

Name of Policy Holder _____

Name of Insurance Carrier _____

Address of Insurance Company _____

Policy/Group Numbers _____

Insurance Company Phone Number _____

Policyholder or student signature _____ **Date** _____