

Geisinger College of Health Sciences  
525 Pine St.  
Scranton, PA 18509  
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geisinger.edu/gcsom

## **Student Health Insurance Plan waiver form**

I acknowledge that as a Geisinger Commonwealth School of Medicine Student, I have the option of purchasing an HMO student health plan from Geisinger Commonwealth School of Medicine. This plan is administered by Geisinger Health Plan. The plan year begins Aug. 1 of every year and ends 12 months later on July 31 of the following year.

Geisinger Health Plan's student health plan options provide a high level of coverage.

**In order to waive coverage, I must supply a copy of the identification card for the health insurance in which I am currently enrolled and return this waiver form to Student Health Services.**

I, \_\_\_\_\_ am electing to waive health  
(Please print)  
insurance coverage as provided by Geisinger Health Plan.

Date: \_\_\_\_\_

Drop off the form to Student Health Services on the first floor, MSB, in 1062 West or email Terry Waibel at [twaiibel@geisinger.edu](mailto:twaiibel@geisinger.edu).  
Questions? Call 570-558-4293, ext. 5383.

