IMPORTANT:
There is a provision for health and dental insurance coverage through the University of Iowa after you leave school. If a University of Northern Iowa student wishes to utilize this option, complete the enrollment form on the back of page 11. The enrollment must be made within 45 days of leaving the University of Northern Iowa.
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120 University Services Building ........................................................................................................ 17
Dear University of Northern Iowa Departing Students:

The University of Northern Iowa is concerned about the potential threat the high cost of health and dental care may pose to your financial well being. For this reason, the University offers health and dental insurance coverage to individuals who have recently ceased being an enrolled student through the University of Northern Iowa. The Student Health Insurance Plan (SHIP), is a group policy administered by Wellmark Blue Cross and Blue Shield of Iowa and the Dental Insurance is a group policy administered by Delta Dental of Iowa.

The premium for a student-only health policy is $190.00 per month while dental insurance is $25.00 per month. After leaving from UNI, you may continue coverage up to 12 months. You may seek care from any medical provider you choose. However, if you use a Blue Cross and Blue Shield Classic Blue or a Delta Dental provider, your costs will generally be much lower.

Once you have enrolled in the plans, you will be sent membership cards to present to care providers. The cards include phone numbers to call if you have questions or require pre-certification for certain procedures.

The rates and terms of coverage described in this booklet are effective beginning September 1, 2017 through August 31, 2018.

If you decide this insurance is suitable for your situation, your signed and completed enrollment form must be returned to the University of Northern Iowa Student Health Clinic Insurance Office by the appropriate enrollment deadline (see page 1). For additional information, you may contact the UNI Student Health Clinic Insurance Office at (319) 273-7736 or e-mail ship@uni.edu.

The University recommends that all departing students be covered under some type of insurance. We urge you to give the enclosed information your immediate attention.

Student Health Clinic
University of Northern Iowa
Cedar Falls, Iowa 50614-0221
Phone: 319-273-2009
Fax: 319-273-7030
e-mail: ship@uni.edu
University of Northern Iowa

INSURANCE RATES

Effective September 1, 2017 through August 31, 2018

HEALTH INSURANCE RATES

<table>
<thead>
<tr>
<th>TYPE OF CONTRACT</th>
<th>MONTHLY PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDENT</td>
<td>$190.00</td>
</tr>
<tr>
<td>STUDENT &amp; SPOUSE/DOMESTIC PARTNER</td>
<td>$950.00</td>
</tr>
<tr>
<td>STUDENT &amp; CHILDREN</td>
<td>$882.00</td>
</tr>
<tr>
<td>STUDENT, SPOUSE/DOMESTIC PARTNER &amp; CHILDREN</td>
<td>$1,512.00</td>
</tr>
</tbody>
</table>

DENTAL INSURANCE RATES

<table>
<thead>
<tr>
<th>TYPE OF CONTRACT</th>
<th>MONTHLY PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDENT</td>
<td>$25.00</td>
</tr>
<tr>
<td>STUDENT &amp; SPOUSE/DOMESTIC PARTNER</td>
<td>$45.00</td>
</tr>
<tr>
<td>STUDENT &amp; CHILDREN</td>
<td>$67.00</td>
</tr>
<tr>
<td>STUDENT, SPOUSE/DOMESTIC PARTNER &amp; CHILDREN</td>
<td>$80.00</td>
</tr>
</tbody>
</table>

ENROLLMENT INFORMATION:

To enroll, simply detach the enrollment form in this booklet, complete it, and return the form to University of Northern Iowa Student Health Clinic Insurance Office within 45 days of leaving the University of Northern Iowa.

- Coverage will begin the first day of the month following your departure from the University of Northern Iowa, and may continue for up to 12 months.
- Rates are valid from September 1, 2017 until August 31, 2018.

OPEN ENROLLMENT DEADLINES:

You will have up to 45 days after leaving the University to enroll in Departing Insurance. Your enrollment information must be received by the following deadlines to participate. If you leave in the middle of a semester, you will have 45 days from the day you are no longer enrolled at the University of Northern Iowa to complete an departing student insurance enrollment form.

- October 15, 2017
- February 15, 2018
- July 15, 2018
University of Northern Iowa

**STUDENT HEALTH INSURANCE PLAN**

SHIP is available to students who have recently left the University of Northern Iowa. SHIP is a Blue Cross & Blue Shield Classic Blue Plan, which provides coverage for preventive care, hospitalization, surgery, maternity, well-baby/well-child care, emergency care for accident or illness, medically necessary physician care, prescription drugs, and mental health.

**HOW AN INDIVIDUAL USES THE SHIP PLAN**

Health care under this plan is provided by various groups of health care practitioners, suppliers, agencies, programs, and facilities who have agreed to join with Wellmark Blue Cross and Blue Shield of Iowa to offer each student affordable health care.

To receive the greatest benefits from SHIP, we advise you to use the physicians from the Blue Cross & Blue Shield Classic Blue Provider list, which can be accessed at Wellmark's website.

**IDENTIFICATION CARDS & POLICY INFORMATION**

Insured members will receive identification (ID) cards 15-21 business days after their SHIP application has been processed. A Coverage Manual that details complete information on benefits, definitions, terms, and exclusions is available from the University of Northern Iowa Student Health Clinic Insurance Office and on the [UNI Student Health Clinic website](http://www.uni.edu/health). A list of Classic Blue providers may be accessed at Wellmark website.

**BILLINGS**

All premiums will be charged on a monthly basis. You will receive a bill from the University of Iowa for your health insurance premium. You may choose to have premiums deducted from a savings or checking account by completing the appropriate section on the enrollment form.

**PRIVACY NOTICE AND RELEASE FORM**

Changes in federal law require individuals to sign a release form before any information can be released regarding their health benefit information. No information will be given to a spouse/domestic partner, parent, child or other representative unless that form is on file in the University of Northern Iowa Student Health Clinic Insurance Office and the University of Iowa Benefits Office. If you wish health information released to anyone, complete the Personal Health Information Release Form included in this brochure.

**CANCELLATIONS**

Coverage can be cancelled for the following reasons:

- You become ineligible for the coverage under this policy twelve months after leaving the university (i.e. if a student leaves in May 2018 and begins the policy effective June 1, 2018, their insurance coverage will terminate on May 31, 2019 as they have exhausted the benefit of the health insurance plan).

- The student may cancel coverage by providing a written request to the University of Northern Iowa Student Health Clinic Insurance Office. The student’s coverage will terminate the last day of the month in which the request is made. The termination cannot be retroactive. No refund of premiums will be given.

- The University of Iowa Benefits Office or University of Northern Iowa Student Health Clinic Insurance Office reserves the right to cancel coverage for non-payment of premium. However, non-payment is not a method to terminate coverage. Written notification is required to terminate the student health and dental insurance coverage. Please contact us at ship@uni.edu or (319) 273-7736.
**COVERAGE TERMINOLOGY**

SHIP is designed for you to be responsible for some of the direct costs of your health care through per-service co-payments, deductibles, and co-insurance provisions as explained below.

**Per-Service Co-payment:** A per-service co-payment is an amount that you pay to your provider each time you receive care. Your cost will generally be less when you use a Blue Cross & Blue Shield Classic Blue facility or practitioner.

**Deductibles:** A deductible is the amount you pay for covered services for each separate admission to a hospital or nursing facility. This amount is subject to the benefit maximums. Deductible amounts apply only to inpatient admissions.

**Co-insurance:** Co-insurance is the amount calculated using a fixed percentage that you pay for covered services. Your cost will generally be less when you use a Blue Cross & Blue Shield Classic Blue facility or practitioner.

**Out-of-Pocket Maximum (OPM):** The OPM is the highest dollar amount you would pay for covered services. Your OPM equals your per-service deductible plus the co-insurance amounts and any co-payments.

**Medical Necessity Provision:** The benefits available through SHIP apply only to medically necessary care. Only your medical condition is considered in determining the medical necessity of a covered service. Non-medical factors, such as your financial or family situation, are not considered.

The fact that a physician may prescribe or recommend a service does not mean it will automatically meet the standards for medical necessity. **You should discuss the medical necessity of services with Wellmark (1-800-535-6099) before treatment or services are performed.**

The following is a description of the notification components with which you need to comply when you use facilities or providers.

**Pre-certification:** (Non-Emergency Admission) Before you are admitted to a hospital or nursing facility for a non-emergency procedure, or before you use home health care or hospice program services, you must contact Wellmark Blue Cross and Blue Shield of Iowa and receive pre-certification to determine if your care is medically necessary. Participating practitioners and hospitals must do this for you; non-participating providers are not required to do so, so you must do it.

**Admission Review:** (Emergency and Maternity Admissions) If you are admitted on an inpatient basis to the hospital for emergency or maternity services, your admission does not need to be pre-certified to receive the maximum benefits. However, Wellmark Blue Cross and Blue Shield of Iowa must be notified by you or your provider within 24 hours of your admission. The toll-free telephone number is printed toward the back of this brochure and on your identification card (ID).

If you or your providers do not notify Wellmark as required, you may have to pay as much as 25% of the cost of your care yourself in addition to the deductible and co-insurance amounts you are required to pay. You will be responsible for care that is determined not to be medically necessary. These are excellent reasons to seek care from a Blue Cross & Blue Shield Classic Blue participating provider.

**BENEFIT SUMMARY**

More detailed information is provided in the Coverage Manual available on line at the [UNI Student Health Clinic website](https://studenthealth.univ.edu) or by contacting the University of Northern Iowa Student Health Clinic Insurance Office at (319) 273-7736. The benefit summary in this brochure provides a brief description of the important features of your Coverage Manual. This brochure is not your Coverage Manual. Only the actual benefit provisions in your Coverage Manual will determine your benefits. Please read your Coverage Manual carefully.
OTHER FACTS YOU SHOULD KNOW

- We may terminate your coverage without advance notice for fraudulent use of your policy.
- You become ineligible for coverage under the policy twelve months after leaving the University.
- Wellmark Blue Cross and Blue Shield of Iowa will coordinate benefits with other group health carriers when duplicate coverage exists. Total payment from this coverage and all other group health coverage’s under which you are enrolled shall not exceed 100 percent of the cost of the covered services.

This is a general description of your coverage. It is not a statement of contract. Your actual coverage is subject to the terms and conditions specified in the policy between the University of Iowa and Wellmark Blue Cross and Blue Shield of Iowa.

REPATRIATION BENEFIT

A repatriation benefit applies to the student and covered family members under the policy. This must be applied toward those expenses incurred in returning the body to the person’s place of residence in his or her home country including, but not limited to, the cost of embalming, coffin, and transportation of the body.

MEDICAL EVACUATION BENEFIT

Medical evacuation services will be covered in the event of illness or injury to students and covered family members if necessary and adequate medical care cannot be provided at the location where the illness or injury occurs.

Medical evacuation benefits cover expenses to the nearest appropriate medical facility and/or to the student's home country. Pre-certification of medical evacuation services is required.

OUT-OF-POCKET MAXIMUM (OPM) EXPENSES FOR INDIVIDUALS

SHIP provides an OPM of $1,700 for Single and $3,400 for Family. There is also a separate OPM of $1,000 for Single and $2,000 for Family for prescription drugs. The OPM equals the per-service deductible plus the co-insurance amounts and co-payments.

When the amount paid by the insured equals the OPM, the plan pays 100% of the maximum allowable fee for covered charges incurred for that admission. The maximum allowable fee is the amount established by Wellmark using various methodologies for covered services and supplies.

HEALTH CARE FOR INDIVIDUALS WHO ARE AWAY FROM IOWA

SHIP provides coverage worldwide. Choosing a Blue Cross & Blue Shield Classic Blue provider can be an advantage when receiving treatment.

The insured is responsible for telephoning the Blue Cross and Blue Shield of Iowa toll-free number before being admitted to a hospital for non-emergency care and within 24 hours of emergency and maternity admissions.

PRESCRIPTION DRUGS

Formulary drugs are drugs that are on Wellmark's preferred list available at the Wellmark website.

- If you purchase a brand name drug when an FDA-approved “A”-rated generic equivalent is available, you are responsible for your co-payment or co-insurance, plus any difference between the billed charge for the brand name drug and the billed charge for the generic. This can result in you paying substantially higher costs than if you had chosen the generic drug.

- If your physician feels it is important for you to have the brand name drug, they can write the prescription for the brand name drug with the direction “Dispense as written” on the prescription. In this situation, you will not be responsible for the difference between the billed charge for the brand name drug and the billed charge for the generic drug.

Self-administered, self-injectable drugs are covered under your medical insurance with 10% co-insurance.
# University of Northern Iowa

## SHIP HEALTH INSURANCE OPTIONS

**Effective January 1, 2016**

### PLAN PROVISIONS

<table>
<thead>
<tr>
<th>Provision</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-insurance Percentage</td>
<td>10%; participating/non-participating providers</td>
</tr>
<tr>
<td>Out-of-Pocket Maximums</td>
<td>$1,700 for Single / $3,400 for Family</td>
</tr>
<tr>
<td>Prescription Drugs: $1,000 for Single / $2,000 for Family</td>
<td></td>
</tr>
<tr>
<td>Pre-approval of Inpatient Admissions</td>
<td>Required</td>
</tr>
<tr>
<td>Second Surgical Opinion</td>
<td>Voluntary</td>
</tr>
<tr>
<td>Benefits Available from Non-member</td>
<td>Individual is responsible for charges above the maximum allowable fee</td>
</tr>
<tr>
<td>Domestic Partner</td>
<td>Yes, same sex or opposite sex</td>
</tr>
<tr>
<td>Dependent Child Age Limit</td>
<td>End of the calendar year in which the individual turns 26 or unlimited if full-time student</td>
</tr>
</tbody>
</table>

### PREVENTIVE CARE

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td>Covered, $0 co-payment</td>
</tr>
<tr>
<td>Well-Child Care</td>
<td>Covered, $0 co-payment</td>
</tr>
<tr>
<td>Gynecological Pelvic Exams and Pap Smears</td>
<td>Covered (one per calendar year unless medically necessary)</td>
</tr>
<tr>
<td>Routine Physicals</td>
<td>Covered, $0 co-payment (one per calendar year unless medically necessary)</td>
</tr>
<tr>
<td>Not Covered</td>
<td>Routine Eye Exam; Hearing Exam</td>
</tr>
</tbody>
</table>

### HOSPITAL SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room and Board Semi-private Room</td>
<td>10% co-insurance after $300 deductible</td>
</tr>
<tr>
<td>Physicians Services</td>
<td>10% co-insurance</td>
</tr>
<tr>
<td>Inpatient / Outpatient Surgery &amp; Supplies</td>
<td>10% co-insurance</td>
</tr>
</tbody>
</table>
## OUTPATIENT SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Co-payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy Treatments; Ambulance; Physical Therapy; Imaging and Lab; Durable Medical Equipment; Dental Accident Care (completed in 12 months); Speech, Occupational and Respiratory Therapy</td>
<td>$15 co-payment</td>
</tr>
<tr>
<td>Office visits, Chiropractic visits</td>
<td>$10 co-payment</td>
</tr>
<tr>
<td>Mental Health Visits</td>
<td>$10 co-payment</td>
</tr>
</tbody>
</table>
| Prescription Drugs/Oral Contraceptives                                | 3 Tiered co-insurance plan;  
1: Generic drugs; 25% co-insurance  
2: Name brand formulary drugs; 30% co-insurance  
3: Name brand non-formulary drugs; 50% co-insurance  
$1,000 OPM for Single / $2,000 OPM for Family                         |
| Emergency Room Services                                               | $50 co-payment     |
| Home Health Care                                                      | Maximum of 30 visits per calendar year |
| Organ Transplants                                                     | Prior approval; cornea, kidney coverage only |
| Skilled Nursing Facility                                              | Maximum of 30 days per calendar year |
| Not Covered                                                           | Eyeglasses  
Hearing Aid  
Infertility Treatment  
Travel Vaccines            |
DENTAL INSURANCE OPTIONS

HOW AN INDIVIDUAL USES THE DENTAL INSURANCE PLAN
Dental care under this plan can be obtained from any provider; however, there are advantages to using participating providers who have contracts with Delta Dental, the dental insurance plan administrator. A list of plan providers may be accessed via the web at University Benefits website. You will receive an ID Card from Delta Dental of Iowa which you should present to your provider when you receive care.

Participating providers will accept payment arrangements and file claims for you. Payment is made directly to these providers.

Non-participating providers have not agreed to accept Delta Dental's payment arrangements. This means you are responsible for any difference between your dentist's covered charges and the Delta allowance. These dentists are not responsible for filing your claims. Claims are settled directly with you and you are then responsible for making payment to your provider.

HOW MUCH AN INDIVIDUAL PAYS FOR DENTAL SERVICES
Insureds will pay nothing out-of-pocket for diagnostic and preventive services, which includes dental cleaning, oral evaluation, imaging, diagnostic tests, fluoride applications (under age 19), sealant applications (under age 19), space maintainer (under age 14), and biopsy of oral tissue.

There is a $25 deductible per person, with a maximum deductible of $75 for a family, for restorative services (cavity repair, tooth extraction, root canals, treatment of gum and bone disease). In addition, the insured pays 20% of the remaining covered services.

For high cost restorations, such as crowns, inlays, dentures, and bridges there is a $25 deductible per person, with a maximum of $75 for a family. In addition, you pay 50% co-insurance for the remainder of covered services.

There are no benefits for orthodontics.

This plan will pay a maximum of $1,000 per covered individual per year.

Through Delta Dental vision partnership with EyeMed Vision Care, Delta Dental offers all members access to a vision discount program at no cost. The vision discount program provides the following features:

- Discounts on eye exams
- Discounted pricing for lenses and lens options
- Savings on eyeglass frames and conventional contact lenses
- Unlimited use
- Discounts on LASIK and PRK
- Competitive pricing on contact lenses through Contact Lens by Mail
- Access to a large, diverse network of providers

Using Your EyeMed Discount Program:
- Locate an EyeMed provider by calling 1-866-246-9041 or use the online directory.
- When scheduling your appointment, inform the office that you are a Delta Dental member with an EyeMed discount plan.
- Once you arrive, present your Delta Dental ID card or download a discount card to receive discount services. Your EyeMed provider will take care of the rest!

For full details on the discount program, visit Delta Dental of Iowa's website
DEPARTING STUDENTS
ENROLLMENT FORM

Please complete, sign, and return this enrollment form to:

University of Northern Iowa
Student Health Clinic Insurance Office
Cedar Falls, IA  50614-0221
Fax: (319) 273-7030
ship@uni.edu

You will be billed monthly through the University of Iowa billing system or bank account, if appropriate.

AGREEMENT AND CERTIFICATION

I certify that I am legally authorized to apply for coverage myself and for all persons named in this enrollment form. I understand that I am making application for the coverage sponsored by the University of Iowa, offered by Wellmark, Inc., doing business as Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa.

I certify that after this enrollment form was completed, I carefully and fully read it, that the statements and answers set forth are full, true, and correct to the best of my knowledge and belief, and that no information required to be given, either expressly or by implication, has been knowingly withheld. I understand that Wellmark Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa will rely upon the completeness and truthfulness of the information given and the statement made, and that if I have made any fraudulent statements or intentional misrepresentations, of any material fact, Wellmark Blue Cross and Blue Shield of Iowa or Delta Dental of Iowa will be entitled to declare the contract applied for void and to refuse allowance of benefits to any person thereunder.

I authorize any health care provider to release medical records to Wellmark Blue Cross and Blue Shield of Iowa or Delta Dental of Iowa when reasonably related to the care for which I have applied. If any law or regulation requires additional authorization for release of medical records, I will give this authorization.

The University of Iowa is hereby authorized to bill the contract holder directly or bank account, as appropriate, for the premium. I understand that if the University of Iowa bill on which the premium first appears is not paid when due, the coverage may be canceled.

(Visit the next page)
DEPARTING STUDENT ENROLLMENT FORM

PART 1: ENROLLMENT BEGINNING DATE

☐ 09/01/2017 ☐ 01/01/2018 ☐ 06/01/2018

PART 2: YOUR INFORMATION

Social Security #: AND University ID#: 

Full Name (Last, First, Middle Initial): 

Sex (M/F): Date of Birth: 

Billing Address: City: State: ZIP Code: 

Telephone Number: ( ) E-mail: 

PART 3: HEALTH INSURANCE

Select your health plan: ☐ SHIP

☑ ENROLL me in Health Insurance 

☐ CANCEL my Health Insurance 

PART 4: DENTAL INSURANCE

Select your dental plan: ☐ Student Dental Insurance

☑ ENROLL me in Dental Insurance 

☐ CANCEL my Dental Insurance 

PART 5: DEPENDENT INFORMATION:

Name (Last) (First) (M.I) Relationship (use codes above) Sex (M/F) Birthdate (MM/DD/YY) Social Security # Health Dental

PART 6: (OPTIONAL) ACH AUTHORIZATION

PLEASE COMPLETE THE FOLLOWING ONLY IF YOU WISH TO HAVE YOUR HEALTH INSURANCE PREMIUMS DEDUCTED FROM A CHECKING OR SAVINGS ACCOUNT. AUTHORIZATION FOR PREAUTHORIZED PAYMENTS OF STUDENT HEALTH INSURANCE PLAN PREMIUMS TO BE PAID TO THE UNIVERSITY OF IOWA.

I HEREBY AUTHORIZE THE UNIVERSITY OF IOWA TO INITIATE DEBIT ENTRIES TO MY ACCOUNT INDICATED BELOW AND THE FINANCIAL INSTITUTION NAMED BELOW. HERINAFTER TO DEBIT THE SAME TO SUCH ACCOUNT.

The University requests this information for the purpose of establishing the payment of your Student Health Insurance Plan premiums. Individuals outside the University employed by the institution who will administer this benefit will have access to this information. No other persons outside the University are routinely provided this information. If you fail to provide the required information, the University cannot authorize the direct payment from your institution to the University of your health insurance premiums.

(Please attach a voided check or other document containing the information below)

FINANCIAL INSTITUTION: ADDRESS: CITY, STATE: TRANSIT/ABA NUMBER: 8 OR 9 DIGIT # ON BOTTOM OF CHECK YOUR ACCOUNT NUMBER: CHECKING SAVINGS SIGNATURE OF ACCOUNT HOLDER: DATE:

PART 7: AGREEMENT AND CERTIFICATION

I have read and understand the Agreement and Certification language on the back of this form.

Students Signature: Date: 008-00876

Return Form To:
University of Northern Iowa
Student Health Clinic Insurance Office
Cedar Falls, IA 50614-0221
FAX: (319) 273-7030
I, (employee/student full name) ________________________________, employee/student ID # _______________________ hereby authorize; University of Northern Iowa, Student Health Clinic Insurance Office, Cedar Falls, IA  50614-0221 and the University of Iowa Benefits Office, 120 University Services Building, Iowa City, IA  52242, to disclose information from my benefit and health records to the individual(s) or Agency(s) named below:

Please print the name of the person/s you want to be able to receive information:

Full Name(s)/Company: ____________________________________________________________

Relation to you: ________________________________________________________________

(Leave “To” blank, if you would like this form to be open ended)

Covering the periods (print date MM/DD/YY): From: ________________________ To: ________________________

Affirmation of Release:
I give the University of Iowa Benefits Office and the University of Northern Iowa permission to release my benefit and health information to the individual(s) or agency(s) I have named. I understand that this release is valid from the date I sign it and I may revoke this authorization at any time. Any revocation of this authorization will not affect my ability to obtain treatment or payment or my eligibility for benefits. The revocation will take effect on the day it is received in writing. I have the right to access the records of who has contacted the University for information about me. Copies of the records may be obtained with reasonable notice and payment of copying costs.

Signature: ___________________________ Date: ________________
University of Iowa
AFFIDAVIT OF DOMESTIC PARTNERSHIP
CONFIDENTIAL

We, (Print Name of Employee/Student) ______________________________________, and (Print Name of Domestic Partner) ______________________________________ certify that

1. We are not married to anyone.
2. We are at least eighteen (18) years of age or older.
3. We are not related by blood closer than would bar marriage in the State of Iowa and are mentally competent to consent to contract.
4. We are each other’s sole domestic partner and intend to remain so indefinitely.
5. We agree to support each other during the term of our domestic partner relationship by being jointly responsible for each other’s necessities, including without limitation, food, clothing, housing and medical care.
6. Our relationship meets at least two of the following four conditions (please check those that apply, A-D):
   A. □ We have a common or joint ownership of a residence (home, condominium, or mobile home) or a lease for a residence identifying both partners as tenants.
   B. □ We have at least two of the following (please check which two apply)
      1. □ Joint ownership of a motor vehicle
      2. □ Joint checking account
      3. □ Joint credit account
      4. □ Durable power of attorney for health care or financial management
   C. □ The Domestic Partner has been designated as the primary beneficiary for at least one of the following (please check which one applies):
      1. □ Employee’s life insurance
      2. □ Employee’s will
      3. □ Employee’s retirement contract
   D. □ A “relationship contract” has been executed which obligates each of the parties to provide support for the other party and provides, in the event of the termination of the relationship, for a substantially equal division of any property acquired during the relationship.
7. We understand that domestic partners are subject to the same window period governing all other individuals who are covered by or applying for benefit plan coverage. Any children, new employment, adoptions, new marriages, and domestic partnerships are all subject to a thirty (30) day limit on the enrollment period beginning on the date of the event.
8. If our domestic partnership relationship terminates, we will notify the University of Iowa Benefits Office within thirty (30) days of the termination of our domestic partnership. A written termination statement shall be provided to the University Benefits Office and shall affirm that the partnership is terminated and that a copy of the termination statement has been mailed to the other partner.

9. We understand that any person, employer, or company who suffers any loss because of false statements contained in an “Affidavit of Domestic Partnership” may bring a civil action against us to recover their losses, including reasonable attorney fees.

10. We provide the information in this affidavit to be used by the University Benefits Office for the sole purpose of determining our eligibility for domestic partnership benefits. We understand that this information will be held confidential and will be subject to disclosure only upon our expressed written authorization or pursuant to a court order.

11. We affirm, under penalty of perjury, that the ascertainment in this affidavit are true to the best of our knowledge.

Signature of Employee/Student: ________________________________

Employee/Students Social Security Number: ____________________

Employee’s Date of Birth: ________________  Today’s Date: ____________

Signature of Domestic Partner: ________________________________

Domestic Partner’s Social Security Number: ____________________

Domestic Partner’s Date of Birth: ________________  Today’s Date: ____________

SUBMIT DECLARATION TO:
University of Northern Iowa
Student Health Clinic Insurance Office
Cedar Falls, IA  50614-0221
University of Northern Iowa

QUESTIONS AND ANSWERS

Q: Can the premium be charged to my Ubill?
   A: No, you will receive a bill monthly in the mail from the University of Iowa.

Q: Did I have to be on the SHIP or Student Dental plan prior to leaving to be eligible for the Departing Student coverage?
   A: No, this plan is an option for all University of Northern Iowa departing students.

Q: Will all my expenses be covered by insurance?
   A: No. “Insurance” does not mean “all your medical care is free.” Review the information about what is and is not covered. If you have questions about a specific service or procedure, call Wellmark Blue Cross and Blue Shield at 1-800-535-6099 or Delta Dental of Iowa at 1-800-544-0718.

Q: What do I do if I get a bill and I can’t pay?
   A: Call the doctor, dentist, or hospital’s billing office. Generally, they will try to set up a payment plan that you can afford. If you meet certain low-income guidelines and have small children, you may be eligible for help from the county, state, or federal government. Check listings in the phone book for places to contact.

   If your insurance has not paid their portion of the claim, contact them to see if there is a problem. Pay the co-payment or co-insurance for which you are responsible and contact the doctor, dentist, or hospital’s billing office to explain the situation.

   DON'T IGNORE THE BILL. It won't go away and may end up on your credit report, which could affect your ability to rent an apartment or buy a house or car.
WHO TO CONTACT

This policy is administered by the University of Iowa for the benefit of departing students of the University of Northern Iowa.

Questions about claims or specific SHIP coverage:

Wellmark Blue Cross and Blue Shield of Iowa
P. O. Box 9232
Des Moines, IA  50306-9232
www.wellmark.com

Claims Inquiries (toll-free)
1-800-535-6099

For Pre-certification call (toll-free)
1-800-558-4409

Prescription Claim Mailing Address:
CVS/caremark
Claims Department
P.O. Box 52136
Phoenix, AZ  85072-2136

Mail order prescription claims:
CVS/caremark
P.O. Box 94467
Palatine, IL  60094-4467
Register at Caremark website
1-866-611-5961

Questions about claims or specific dental coverage:

If you have questions about claims or specific questions about your dental coverage, you should call Delta Dental of Iowa.

Delta Dental of Iowa
P. O. Box 9000
Johnston, IA  50131-9000
1-800-544-0718

Questions about coverage, eligibility, enrollment forms, enrollment periods, policy cancellation, or premium charges:

University of Northern Iowa
Student Health Clinic Insurance Office
Cedar Falls, IA  50614-0221
Student Health Clinic
Office:   (319) 273-7736
Fax:      (319) 273-7030

University of Iowa Benefits Office
120 University Services Building
Iowa City, IA  52242-1911
University Benefits Office
Office:   (319) 335-2676
Toll free: (877) 830-4001
Fax:      (319) 335-2776