



Domestic Student Waiver Health Sharing Plan Exemption 2024-25

| coi yo | avier University Policy 1.2.14 requires students to have health insurance the ompliant with the Patient Protection and Affordable Care Act (PPACA). The our student does not meet the criteria established for PPACA compliance. In provide a waiver of the Xavier Student Health Insurance plan, the following | plan submitted by you/ In order for Xavier and A |
|--|---|---|
| ST | TUDENT NAME: | |
| STU | TUDENT ID: DATE FORM COMPLETED: | |
| 1. I understand that Xavier University offers a PPACA compliant student would cost \$3488.00 for the 2023-24 academic year. I am opting to complete the control of the cost \$3488.00 for the 2023-24 academic year. | | • |
| | Check the box and enter your initials. | |
| 2. | I acknowledge that my Health Sharing plan does not meet the criteria for a student health insurance waiver as identified on the Xavier/Academic Health Plan waiver site at https://xavier.myahpcare.com . Check the box and enter your initials. | |
| 3. | I understand that my Health Sharing Plan may not be accepted at the Student Health Center. I further understand that if my health sharing plan is not accepted, I will be held responsible for costs resulting from treatment provided at the Student Health Center. | |
| | Check the box and enter your initials. | |
| STU | TUDENT SIGNATURE: | ATE: |
| DΛ | ADENIT SIGNATURE: | ATE: |