

## How to Enroll in the VMCVM & VTCSOM Waiver

### Select the VMCVM & VTCSOM Waiver Form

1. Provide your last name, your first name, your VT Student ID Number and indicate if you are VTCSOM or VMCVM Student.

a. For VTCSOM, indicate what your status is


b. For VMCVM, indicate what year you are

1. Last Name \*

2. First Name \*

3. VT Student ID Number \*

4. Are you a VTCSOM or VMCVM student? \* ☒ VTCSOM ☐ VMCVM


➡ 5. What is your current status? \* 

☒ M1

☐ M2

☐ M3

☐ M4

➡ 5. What year are you? \* 

☒ 1st Year

☐ 2nd Year

☐ 3rd Year

☐ 4th Year

**2. Indicate if you are a F-1 or J-1 visa holder (Note if you answer yes to this yes DO NOT SUBMIT this form. You are required to submit the international waiver form).**

➡ 6. Are you in F-1 or J-1 visa holder? \* 

NOTE: If you answer yes to this question, please do not submit this form. You are required to submit the international waiver form.

☐ Yes

☒ No

**3. Indicate if you are graduating this year and provide the date if so**

➡ 7. Do you plan on graduating this academic year? \*

☐ Yes

☒ No

4. Indicate if you are turning 26 this year and if yes, provide the date


➡ 8. Will you turn 26 this year? \*

☐ Yes


☒ No

Select the next button


5. Now provide your insurance company's name, your insurance policy number, the date when your coverage begins (note that it must be effective on the students first day of classes) and the date when your coverage ends (note that the plan must be valid through July 31<sup>st</sup> or the end of the month you graduate).


➡ 9. Insurance Company Name \* 


Enter your answer


➡ 10. Insurance Policy Number \* 

Enter your answer





➡ 11. When does your coverage begin? Insurance coverage must be effective on the student's first day or classes or mandatory program participation (varies by program) \* 

Please input date (M/d/yyyy) 


➡ 12. When does your coverage end? Insurance coverage must be valid through July 31st, 2025 or the end of the month you graduate. \* 

Please input date (M/d/yyyy) 

6. Next, read through each requirement and confirm that your insurance policy meets all requirements.


- ➡ 13. Does this policy have at least \$500,000 each in coverage for medical, prescription, mental health, and substance abuse coverage benefits with no exclusion for club, intramural, or extramural sports. \* 
- ☐ Yes
- ☐ No
- ➡ 14. Is the policy deductible \$2,500 or less? \* 
- ☐ Yes
- ☐ No
- ➡ 15. Are medical expenses for pregnancy, childbirth and complications of pregnancy treated as any other illness under the policy? \* 
- ☐ Yes
- ☐ No
- ➡ 16. Does the policy cover pre-existing conditions for the entire policy term with no waiting period? \* 
- ☐ Yes
- ☐ No

**7. Upload your certificate of cover and any other documents you find important**

➡ 17. Please upload your certificate of coverage (DO NOT UPLOAD AN INSURANCE CARD OR A PAPER WAIVER FORM) (Non-anonymous question) \* 

 Upload file


File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

➡ 18. Please upload any other documentation you feel would be helpful in having your waiver reviewed. (Non-anonymous question) 

 Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

8. **Lastly read the 4 statements and confirm you read them all by selecting them**

➡ 19. By checking below, I certify the following: \* 

Please select 4 options.

☐

I understand that I am responsible for any medical expenses incurred during my enrollment, and neither Virginia Tech nor any clinical site will be responsible for my medical expenses.

☐

I have answered all of the questions to the best of my ability and the coverage indicated above is now in force,

☐

I understand and am in compliance with university insurance requirements, and

☐

I am requesting a waiver to the requirements based on the compliance of the insurance I have purchased

**Then select “Submit”**