Attestation for Change in Health Care Coverage

I, the undersigned, request that the GeoBlue Insurance Plan coverage for the 2017-2018 academic year be changed from the GeoBlueExpat Affordable Care Act (ACA) compliant GeoBlue Insurance Plan to the non ACA compliant GeoBlue Insurance Plan.

I understand that:

- under the Affordable Care Act, the Federal government, State governments, insurers, employers, and individuals share the responsibility for health insurance coverage.
- the individual shared responsibility provision requires me and each member of my family to either:
  - Have minimum essential coverage, or
  - Have an exemption from the responsibility to have minimum essential coverage, or
  - Make a shared responsibility payment when I file my 2017 federal income tax return in 2018.

I, hereby confirm my request to change the GeoBlue Insurancecoverage for the 2017-2018 academic year from the GeoBlue ACA compliant plan to the non ACA compliant plan and confirm that I am aware of the insurance and penalty requirements of the Affordable Care Act.

Print Name: ____________________________________________________________________________________________________

Signature: _____________________________________________________________________________________________________

Date: __________________________________________________________________________________________________________

Student Name: ___________________________________________________________________________________________________

Student N#: ______________________________________________________________________________________________________

Please return this form before August 15, 2017 for processing to:

NYU Student Health Insurance Department
726 Broadway, Suite 346
New York, NY 10003
health.insurance@nyu.edu
Fax: 212-443-1011