

**Please read the following information regarding  
your medical insurance as a Stanford University Postdoctoral Scholar**

Stanford University **requires** all postdoctoral fellows to have **medical insurance**. If a scholar decides that s/he does not wish to have group medical insurance offered by Postdoctoral Affairs (Blue Cross Medical), s/he must prove that s/he has "other" insurance (i.e., through spouse/life partner, individual policy, Cardinal Care) and a Waiver Form must be signed. **A statement of coverage or a copy of the insurance card must be attached to the Waiver Form when submitted.**

**Attention J-1 (J-2) Holders:**

If you are covered by health insurance from your home country (individual policy), you must also provide a copy of the plan cost limitations to the Office of Postdoctoral Affairs. Not all plans meet the US Information Agency specifications.

J-1 (J-2) Holders are required to have medical insurance coverage with the following minimum benefits:

- Medical benefits of at least \$50,000 per accident or illness (Presumably it is intended to mean that an acceptable policy couldn't set a maximum lower than \$50,000 in benefits for each accident or illness)
- Repatriation of remains in the amount of \$7,500
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000
- A deductible not to exceed \$500 per accident or illness

More information on choosing insurance plans is provided in Bechtel International Center's Orientation Handbook for foreign scholars.

[http://www.stanford.edu/dept/icenter/InternationalScholars/j\\_guide/insure.html](http://www.stanford.edu/dept/icenter/InternationalScholars/j_guide/insure.html)

**Annual Open enrollment** is in the Fall (Nov/Dec). Unless you experience a loss of health coverage (and can provide proof) you will not be able to enroll in Blue Cross Medical, Delta Dental and Vision benefits until Annual Open Enrollment for an effective date of January 1.

**Office of Postdoctoral Affairs**  
**Blue Cross Medical / Delta Dental / Vision Insurance Waiver Form**

\_\_\_\_\_ Yes, I wish to waive Medical coverage provided by Blue Cross.

\_\_\_\_\_ Yes, I wish to waive Dental coverage provided by Delta Dental.

\_\_\_\_\_ Yes, I wish to waive Vision coverage provided by Vision Service Plan (VSP).

1. I am covered by:

\_\_\_\_\_ Self

\_\_\_\_\_ Parents

\_\_\_\_\_ Spouse/Domestic Partner

\_\_\_\_\_ Other: \_\_\_\_\_

2. Insurance Company: \_\_\_\_\_

3. Policy Number: \_\_\_\_\_

4. Expiration Date (if any): \_\_\_\_\_

It is your responsibility to provide a copy of your current medical policy in effect to the Office of Postdoctoral Affairs for the duration of your postdoctoral appointment.

If you choose to enroll in Cardinal Care it is your responsibility to make sure that your Cardinal Care coverage is active for every quarter/academic year.

\_\_\_\_\_  
Please PRINT name (First, Last) Postdoc ID# E-mail address

\_\_\_\_\_  
Home Address: Street, City, Zip Work Phone #

\_\_\_\_\_  
Signature Date

By signing this form I also acknowledge that I have read the statement on the back of this form.

**Beneficiary** – Postdocs automatically receive a Life & Accidental Death Insurance policy worth \$20,000 (two separate policies). Please access your BISNet profile to choose a Beneficiary for your Life Insurance & AD&D policies. The beneficiary is the person who, in the case of your death, would receive the insurance benefit. To access the site, go to <https://www.bisnet.com/stanford.asp>. At the logon screen, choose "Postdoctoral Scholar" your login and password is your Postdoc/Student ID number (do not use the zeros in front of the number – see your ID card with your picture for the ID number).

Please submit to: Mona Hartmann or Cecilia (Cecy) Avila  
Postdoctoral Affairs, 1215 Welch Rd. Modular A, Stanford, CA 94305-5402, Mail Code: 5402  
Fax # (650) 725-6106