



COLUMBIA

COLUMBIA UNIVERSITY
IRVING MEDICAL CENTER

STUDENT HEALTH ON HAVEN

2026-27 Health & Related Service Fee Waiver

Enrollment Periods:

Fall Semester: 08/01/2026-09/30/2026

Spring Semester: 01/01/2027-02/15/2027 (New Students Only)

Summer Semester: 05/15/2027-06/30/2027 (New Students Only)

**This form is for Columbia University Employees who have full-time benefits through the University.
This form may also be used by NYPH Employees who have full-time benefits through the Hospital.**

Please Complete all Information:

Student's Name: _____

CU Email address: _____

School of Registration: _____

Phone Number: _____

Full-Time CUIMC/NYPH Employee Request:

Department Student is Employed by: _____

Department Address: _____

Department Telephone Number: _____

Department Administrator Name (Print): _____

I understand that I will not have access to any Student Health on Haven Resources as an employee who waives the Health & Related Services fee.

Student Signature _____

Date _____

Dept. Administrator/Director _____

Tel.: _____

Print

Dept. Administrator/Director _____

Date _____

Signature

EMAIL FORM TO: shsinsurance@cumc.columbia.edu or FAX: 212-342-3947

Location: 100 Haven Avenue Suite 230, NY, NY 10032

Website: www.studenthealth.cuimc.columbia.edu