The ISU Student & Scholar Health Insurance Plan is mandatory for all registered international students as a condition of your enrollment to Iowa State University. Very limited exceptions may apply for students who are covered under a government sponsor or a select International Organization.

HOW DO I WAIVE THE IOWA STATE UNIVERSITY HEALTH INSURANCE PLAN?
Only J-1 or F-1 students that are covered under a government sponsor or select International Organizations are eligible to waive the ISU Student & Scholar Health Insurance Plan. These eligible students must return the completed waiver form and supporting documentation to the ISU Student & Scholar Insurance Office no later than the designated deadlines. For international students other than J-1 or F-1, submit a completed waiver form and supporting documentation to the ISU Student & Scholar Insurance Office. Please refer to www.hrs.iastate.edu/sship for waiver deadlines.

Please note: A travel, accident or emergency health insurance plan does not qualify for a waiver of the ISU Student & Scholar Insurance Plan.

WHAT MUST BE SUBMITTED?
1. Completed Health Insurance Waiver Form
2. A letter on official letterhead from a government or International Organization that will verify that the following minimum requirements are met (ALL requirements must be met to be considered):
   - Coverage must be in effect on or prior to date of arrival to the United States and remain in force for the duration of your stay at Iowa State University
   - Medical benefits of at least $50,000 per accident or illness
   - Repatriation of remains in the amount of $7,500
   - Medical evacuation coverage in the amount of $10,000
   - Annual deductible not to exceed $500 per illness per person
3. A copy of the front and back of your insurance card

HOW WILL I KNOW IF THE WAIVER HAS BEEN APPROVED?
By submitting the waiver form, you are acknowledging that you are currently enrolled in one of the above stated health insurance plans that will remain in effect throughout your stay at Iowa State University. Iowa State University reserves the right to verify all information. All decisions of waiver approval or denial will be communicated to you through your official Iowa State University e-mail account.

WHERE DO I SUBMIT THE WAIVER FORM?
Please submit all documents (completed waiver form and supporting documentation, items 1, 2, & 3 above) to the ISU Student & Scholar Health Insurance Office.

By Email: isusship@iastate.edu
By FAX: 515-294-8226
By Mail: ISU Student & Scholar Health Insurance Program, 3810 Beardshear Hall, Ames, IA 50011
Iowa State University
International Student Health Insurance
Waiver Form
2012-2013 Academic Plan Year

Please read waiver guidelines prior to submission

Section I: Student Information (all information required)

Student’s Last Name ___________________________________ First Name ___________________________________
Local Street Address ______________________________________________________________________________
City __________________________________________  State __________________________ Zip ______________________
University ID Number ______________________________________ Immigration Status ________________________
ISU Email Address ________________________________________________________________________________

Section II: Insurance Information
I certify that I will have health insurance under one of the following throughout the 2012-2013 academic plan year (please check appropriate box):

☐ My tuition & fees are paid directly to ISU by my home government and my government has purchased my health insurance (not just supplied funds to purchase an insurance plan of my choice)  Example: Government of Kuwait

☐ My tuition & fees are paid directly to ISU by a qualifying U.S. or International organization (including tuition, living expenses, medical expenses, health insurance plan, etc)  Example: Fulbright

☐ I hold an immigration status other than J-1 or F-1. Please submit a completed waiver form and supporting documentation to the ISU Student & Scholar Health Insurance Office for review prior to the waiver deadline.

☐ None of the above applies. You are not eligible to submit a waiver.

Section III: Please attach a copy of the following items with this request:
1. Written verification on official letterhead of health insurance coverage from a sponsoring government, U.S. or International organization (See instruction sheet.)

2. A copy of your insurance card, front and back

Return waiver form and supporting documentation to:
Iowa State University Student & Scholar Insurance Program
Email: isusship@iastate.edu
Phone: (515) 294-2394 Fax: (515) 294-8226

Please allow 1-2 weeks for processing. You will be notified of the decision via your Iowa State University email account. Please keep a copy of this form (and any supporting documents) for your records.

______________________________________________  ______________________________________
Student Signature                                      Date Signed

4/3/2012