

Student Health Insurance Waiver Request Form For International Students 2009-2010

As part of the acceptance criteria to Iowa State University, you agreed to purchase the ISU Student & Scholar health insurance for the duration of your enrollment. This coverage is mandatory for all non-immigrant international students & scholars. The insurance premium will be automatically charged on your university bill. **In order for this request to be reviewed for a waiver of this fee, this form must be completed and returned with ALL supporting documents PRIOR to the deadlines below.** A new form is **required** each policy year.

Waiver requests will NOT be accepted at the ISU Student & Scholar Health Insurance Office after these deadlines:

Annual: September 18, 2009 **Spring Semester:** January 29, 2010

Summer Semester: June 25, 2010

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Waiver request period: **(Check one)**

___ Annual (*August to August*) ___ Spring/Summer (*January to August*) ___ Summer (*June to August*)

Student's Last Name _____ First Name _____

Address _____

Phone Number _____ Email _____

University ID Number _____ Immigration status _____

Reason for Waiver Request _____

Name of Primary Insured Person _____

Along with this form, written verification of your medical coverage from your insurance company or sponsor is required. The verification MUST include the following information:

- | | | |
|--|---|--|
| <input type="checkbox"/> Name of Insurance Carrier | <input type="checkbox"/> Address of Insurance Carrier | <input type="checkbox"/> Customer Service Phone Number |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Dates of Coverage | <input type="checkbox"/> Your name and identification number |
| <input type="checkbox"/> Plan Name | <input type="checkbox"/> A description of benefits provided under the plan (See list below for requirements.) | |

PLEASE NOTE: Your insurance policy must be in effect on or prior to your arrival in the U.S., contain the following coverage and written documentation is required, in English:

(1) Medical benefits: \$50,000 Minimum per accident or illness; (2) Medical Evacuation: \$10,000 Minimum; (3) Repatriation: \$7,500 Minimum; and (4) Deductible: \$500 Maximum.

Student Affidavit: I have read and understand the ISU Student & Scholar Health Insurance Program (SSHIP) waiver eligibility guidelines. I present the above information as being true and accurate. I authorize a representative of Iowa State University to contact my insurance carrier and verify my current eligibility and benefits. I understand that a waiver will not be granted if any of the following occur: 1) information or attachments are not complete or accurate; 2) insurance policy lapses, or is inadequate; 3) information is presented to the ISU SSHIP Office after the waiver request deadline; 4) any claims have been incurred for the current plan year of the ISU Student and Scholar Health Insurance Plan. 4) I do not meet the ISU SSHIP waiver eligibility guidelines.

I am fully aware that Iowa State University is not responsible for the interpretation or review of the policy information presented, or any expenses resulting therefrom. I agree to be responsible for advising the ISU SSHIP Office (in writing) of any lapses or cancellations of this policy during any semester for which I am enrolled at the University.

Student Signature

Date Signed

Return this form and supporting documents to:

Mailing address: Student Health Insurance Program
Iowa State University
0570 Beardshear Hall
Ames IA 50011-2033

Student & Scholar Insurance Office
FAX: 515-294-8846
PH: 515-294-2394

--FOR OFFICE USE ONLY--

_____ Approved

_____ Denied

Comments: _____

ISU SSHIP Coordinator Signature

Review Date