



## INSURANCE WAIVER REQUEST FORM

All international students in F-1 status enrolled at Maryville University are required to have health insurance coverage. You will be billed for the insurance at the beginning of each semester. Students who request a waiver of the Maryville student insurance policy must demonstrate that they have comparable insurance coverage each semester. To petition for a waiver, students must follow the procedures outlined below. A new waiver form must be completed each semester. For questions regarding this waiver form or the insurance policy for F-1 students, please contact International Student Success.

### Waiver Procedure:

Each semester, the cost for the Maryville Health Insurance policy will be charged to each F-1 student's Maryville University account.

- Fall Semester: \$675.85, August 9, 2018 to January 8, 2019 (5 months)
- Spring/Semester: \$946.20, covers from January 9, 2019 to August 8, 2019 (7 months)

The insurance committee will consider an insurance waiver request which includes a completed waiver request form AND written proof of alternate insurance. If the waiver request is approved, students will be notified by email and insurance charges removed from their account. If students pay for insurance and a waiver was granted, a refund will be issued.

### Alternative Insurance Policy

In order to request a waiver, you must submit page 2 of this form together with written proof that the alternate insurance policy meets the following coverage requirements:

The alternative policy must:

- Be written in English
- Be converted to U.S. dollar values
- Provide comparable coverage with a minimum lifetime or calendar year coverage of \$500,000
- Have a deductible not greater than \$500 per condition
- Have a maximum 6 months waiting period for coverage of pre-existing conditions
- Provide at least U.S. \$25,000 for repatriation
- Provide at least \$25,000 for medical evacuation
- Treat pregnancy/maternity as any other illness
- Provide continuous coverage during academic semesters and university breaks and vacation periods (including Thanksgiving break, winter break, spring break and summer break)

F-1 students who request a waiver of the mandatory insurance must demonstrate that they have comparable insurance coverage each semester. A new waiver form must be completed each semester.



## INSURANCE WAIVER REQUEST FORM

Students may request that Maryville University waive the requirement that they obtain health insurance coverage offered by Maryville by demonstrating they have comparable health insurance coverage. Students must complete this waiver request form, which will be evaluated by the University to determine whether or not a waiver will be approved.

Please print or type the following information:

Waiver request for Maryville University Student Insurance:

- Fall 2018 (Waiver deadline is August 30, 2018)  
 Spring/Summer 2019 (Waiver deadline is January 17, 2019)  
 Fall 2018 and Spring/Summer 2019 (Waiver deadline is August 30, 2018)

Student's last name: \_\_\_\_\_  
Student's first name: \_\_\_\_\_  
Student ID number: \_\_\_\_\_  
Student email address: \_\_\_\_\_  
Local Phone/Cell Number: \_\_\_\_\_  
Visa Type:  F-1  Other: \_\_\_\_\_

**Reason for waiver request (select one):**

- I am covered under my parent's policy or other private policy  
 My spouse is living / working in the USA and has medical insurance coverage for me.  
 I am a sponsored student and have medical insurance coverage from my sponsoring agency.  
 Other reason; please explain: \_\_\_\_\_

**Alternative Insurance Information** (see Page 1 for alternate insurance requirements)

Name of Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address of Carrier: \_\_\_\_\_  
Start Date of Coverage: \_\_\_\_\_ End Date of Coverage: \_\_\_\_\_  
Maximum Annual Coverage Amount (USD): \_\_\_\_\_  
Amount of Coverage for Repatriation (USD): \_\_\_\_\_  
Amount of Coverage for Medical Evacuation (USD): \_\_\_\_\_  
Is Policy in English?  YES  NO  
Customer Service Phone Number: \_\_\_\_\_  
Name of Policy Owner (Primary Insured Person): \_\_\_\_\_

**I understand that:**

- A denied waiver request OR failure to provide complete and accurate information will result in my automatic enrollment in the Maryville University student health insurance policy.
- If my health insurance coverage ends for any reason, it is my responsibility to notify Maryville University.
- Maryville University assumes no responsibility for health care expenses incurred by students.

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Printed Name)