

## 2008-2009 Student Health Insurance Waiver Request Form for International Students

The University of Northern Iowa requires that all International students participate in a qualifying health insurance plan. As an International student, you are automatically enrolled in the UNI Student Health Insurance Plan and will be automatically billed monthly for a student-only policy. Students will receive a monthly statement from the University of Iowa for their insurance coverage. **It is not necessary for students to complete an insurance enrollment application.** *International students who do not wish to participate in the University of Northern Iowa Student Health Insurance Plan must complete a Health Insurance Waiver Form prior to the following deadline:*

<b><u>FALL SEMESTER</u></b> September 12, 2008	<b><u>SPRING SEMESTER</u></b> February 6, 2009	<b><u>SUMMER SEMESTER</u></b> June 12, 2009
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**A comparable health insurance plan must meet all of the following requirements:**

1. Your name.
2. The date your coverage begins and ends.
3. Have provisions defined in English and the amounts in U.S. dollars.
4. Have no less than a \$10,000 provision for medical evacuation to an International student's home country.
5. Have no less than a \$7,500 repatriation (removal or mortal remains after death) to an International student's home country
6. Exclusions (services not covered).
7. Hospitalization of at least \$50,000.
8. The insurance must be noncancelable and fully paid for a minimum period of 1 semester.
9. The insurance must be renewable for continuous coverage.  
Conditions covered under the initial policy must not constitute a preexisting condition under the renewal policy.

***Please note: If it is later determined that your insurance coverage does not meet all of the above requirements, you will be required to purchase the UNI Student Health Insurance Plan.***

Student's Name \_\_\_\_\_ UNI Student ID Number \_\_\_\_\_

- A. Along with this form, bring English translation of your health insurance policy to the Student Health Clinic Insurance Office.
- B. You also need to bring proof of the insurance policy, purchase and policy coverage dates (this can be a valid insurance identification card that includes your name, dates of coverage, the insurance company's United States claims mailing address and telephone number.) or a cancelled check which indicates proof of purchase.
- C. Your current plan must meet the list of requirements in order to waive the University of Northern Iowa Student Health Insurance Plan.

***Student Affidavit: I present the above information as being true and accurate. I understand that a waiver will not be granted if any of the following occurs: 1) information or attachments are not complete or accurate; 2) insurance policy lapses, or is inadequate; 3) information is presented to the Student Health Clinic Insurance Office by the above deadlines.***

***I am fully aware that University of Northern Iowa is not responsible for the interpretation or review of the policy information presented or any expenses resulting there from. I agree to be responsible for advising the Student Health Clinic Insurance Office (in writing) of any lapses or cancellations of this policy during any semester for which I am enrolled at the University.***

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Student Signature

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Date Signed