



NEW STUDENT 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. Charges are \$127.18 per month.

- Fall Semester: \$635.90, August 9, 2016 to January 8, 2017 (\$127.18 per month for 5 months)
- Spring/Semester: \$890.26, covers from January 9 to August 8, 2017 (\$127.18 per month for 7 months)
- Contact International Student Success for dependent spouse/child information

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.



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Please refer to page 1 for alternate insurance requirements

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Waiver request for Maryville University Student Insurance:

- ☐ Fall 2016 (Waiver deadline is September 1, 2016)
☐ Spring/Summer 2017 (Waiver deadline is January 19, 2017)
☐ Fall 2016 and Spring/Summer 2016 (Waiver deadline is September 1, 2016)

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.
- Any medical expenses I incur in excess of my health insurance coverage are my responsibility; Maryville University assumes no liability.

(Signature) (Date)

(Printed Name)