

PURDUE MANDATORY HEALTH INSURANCE WAIVER FORM*For International Students Only***Waiver Submission DEADLINE: AUGUST 31ST (fall semester) JANUARY 23RD (spring semester)***If the above deadline falls on a weekend, the deadline is extended to the following Monday at 5 p.m. ET (Eastern Time)*-----This form is required for each academic year-----

FAILURE TO COMPLY WITH THIS DEADLINE WILL INCUR MONETARY PENALTIES AND MAY PLACE A STUDENT'S LEGAL STATUS AT RISK.

STUDENT INFORMATION: *(all information required)*PUID#: 00 _____Last Name _____ First Name _____ M.I. _____ Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Local Street Address _____

Apartment Number _____

City _____ State _____ Zip Code _____ Telephone Number _____

PURDUE E-mail Address (required) _____

College Major or School (ex. Science, Engineering) _____

I certify that I will have health insurance under one of the following throughout the Current academic year: *Please check appropriate box.*

- I am 100% sponsored 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 Malaysia
- I am 100% financially sponsored by a U.S. or International organization (including tuition, living expenses, medical expenses, health insurance plan, etc) These include: Fulbright, IIE, LASPAU, USAID, WHO, Rockefeller, ARAMCO, SABIC
- I am a student with a J-1 visa in an approved exchange program.
- I am covered as an employee, or as a dependent of an employee working for a U.S. based company with U.S. based health insurance provided through that employment. *Name of Employee:* _____
(Students covered by a Purdue employee must also submit this form.)

My U.S. based policy includes minimum coverage of \$50,000 USD for medical evacuation and \$25,000 USD for repatriation of remains. Yes No (If not included, this is available for purchase at a cost of approximately \$75.00 USD per year – Contact Student Insurance representative).

NOTE: No socialized/standard medical policies, including Canadian, French, German, Australian policies will be accepted (with the exception of students participating in an approved exchange program).**REQUIRED DOCUMENTATION****Please attach the following three items with this request:***(Keep copies for your own records.)*

- In **US Dollars**, Written verification on official letterhead of health insurance coverage from a government, U.S. or International organization, or U.S. based employer, or health insurance company (exchange students) verifying that the insurance meets the following requirements: (NO POLICIES – SUMMARY SHEET ACCEPTABLE IF ALL REQUIREMENTS INCLUDED)
 - ✓ Coverage must be in effect from the 1st day of classes or arrival in U.S. (whichever is earlier) through the last day of final exams or until the end date on your I-20 or DS2019 (whichever is later).
 - ✓ Medical benefits of at least \$100,000 USD per accident or illness
 - ✓ Repatriation of remains in the amount of \$25,000 USD
 - ✓ Medical evacuation coverage in the amount of \$50,000 USD
 - ✓ Annual deductible not to exceed \$500 USD per illness per person
- A copy of Page 1 of your I-20 or DS2019.
- A copy of your insurance card, front and back

Return to: **Purdue University Student Insurance Office**
601 Stadium Mall Drive, Rooms 338/340
West Lafayette, IN 47907-2052
Phone: (765) 496-3998 Fax: (765) 496-2524

PURDUE
UNIVERSITY

Note to Candidate, Exam Only, OPT Registered Students:
You must still meet the requirement for having insurance coverage for the entire academic semester. *Contact the Student Insurance Office if you have questions.*