

Insurance Waiver Request Form

Marian University requires all F-1 and J-1 international students to have health insurance. Marian University provides health insurance to F-1 and J-1 international students through LewarMark (Cigna as the provider). More information on the coverage and policy is found at www.marian.edu/InternationalInsurance.

Students who have alternative insurance coverage may submit an Insurance Waiver Request Form to be reviewed. To petition for a waiver, students must follow the procedures outlined below.

The deadline to submit a waiver for the fall 2016 term is August 29, 2016. The waiver is valid for the academic year or for the duration of the alternative coverage, whichever is earlier. Additionally, adjustments to alternative plans or the purchasing of a different plan require a new waiver.

A plan from your home country or a family member working for a U.S. employer with insurance would be eligible. Waivers are not acceptable for individual plans purchased in the United States.

For questions, please contact Julia Wells in the Office of International Programs (109 Clare, jwells@marian.edu)

Waiver Procedure:

- Each semester, the cost for the Marian University health Insurance policy will be charged to each F-1 and J-1 visa holder's student account.
 - ☐ Fall semester charge is \$551.40 and covers from August 1, 2016 to December 31, 2016.
 - ☐ Spring semester charge is \$551.40 and covers from January 1, 2017 to May 31, 2017.
 - ☐ Summer semester charge is \$220.56 and covers from June 1, 2017 to July 31, 2017. Students who present a purchased flight/confirmed travel plan and will not be in the United States in June and July may waive summer coverage.
- The staff will review an insurance waiver request which includes a **(1) completed Waiver Request Form, (2) copy of alternative insurance card, (3) written proof of alternative insurance which includes a Certificate of Coverage or a copy of the insurance policy.**
- A decision to grant a waiver will be decided within one week after the waiver is received. Waiver request decisions are final.
- Students who receive a waiver will be notified by email and will have the insurance charge removed from their account.

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Alternative Insurance Policy:

Along with this form, you must provide written proof that the alternative insurance policy meets the following coverage requirements in order to have a waiver request accepted. The alternative policy or Certification of Coverage must include the following:

- Be written in English (to allow for review of the plan)
- Maximum benefit per injury or sickness of at least \$500,000 (USD)
- Deductible of \$500 (USD) or less per accident/illness per year
- Repatriation coverage of at least \$25,000 (USD)*
- Medical evacuation coverage of at least \$50,000 (USD)*
- No daily cap on a hospital stay
- Coverage dates no less than August 1, 2016 to December 31, 2016 for a fall only waiver. Coverage dates no less than August 1, 2016 to May 31, 2017 for a fall and spring semester waiver. Coverage dates no less than August 1, 2016 to July 31, 2017 for a full academic year waiver.

* If your alternative plan includes all of the above, but does not have the necessary repatriation and evacuation coverage, you may purchase an insurance rider in order to meet the waiver requirements.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

I am requesting a waiver from the Marian University Student Insurance for the following term(s) and will submit documentation reflecting the following dates:

- ☐ Fall 2016 waiver request
- ☐ Fall 2016 and Spring 2017 waiver request
- ☐ Fall 2016, Spring 2017 and Summer 2017 waiver request

Student's Last Name: _____ First Name: _____

Student Email Address: _____ Local Phone Number: _____

Reason for waiver request (select one):

- ☐ My parent or spouse is living/working in the United States and has medical insurance coverage for me.
- ☐ I am a sponsored student and have medical insurance coverage from my sponsoring agency.
- ☐ I have insurance coverage from my home government or family at home.

I understand that:

- A denied waiver request OR failure to provide complete and accurate information by the waiver deadline will result in my automatic enrollment in Marian University Student Insurance plan.
- If my insurance coverage ends for any reason, it is my responsibility to notify the school.
- I have been given the option of having the Marian University Student Insurance Plan, but I am choosing to use an alternative plan should my waiver be approved. Any medical expenses I incur in excess of my insurance coverage are my responsibility and Marian University assumes no liability.

Signature: _____

Date: _____