

REQUEST FOR EXEMPTION: INTERNATIONAL HEALTH INSURANCE PREMIUM

PLEASE NOTE: If you have used the student insurance policy during the semester you are not eligible to waive.

This form should ONLY be completed and submitted by students on Rutgers University F or J visa sponsorship who have been billed for the insurance fee on their current term bill, meet a reason for insurance exemption, and would like to have the insurance fee removed from their term bill. If you are not on Rutgers University F or J visa sponsorship you must waive through www.universityhealthplans.com.

*** The Fall 2016 Exemption Request Deadline is **FRIDAY, SEPTEMBER 16TH, 2016** ***

*** The Spring 2017 Exemption Request Deadline is **FRIDAY, FEBRUARY 3RD 2017** ***

The form can be submitted via email at: globalservices@global.rutgers.edu

OR in-person at: Center for Global Services, 180 College Avenue, New Brunswick, NJ 08901

Insurance Exemption Request - Instructions, Policies, and Procedures

-This form cannot be submitted to the Center for Global Services past the exemption request deadline. **We cannot accommodate any requests submitted after the deadline.**

-If you are requesting an exemption based on having other health insurance coverage, all insurance documents must be in English, show U.S. dollar amounts, and clearly show that each of the University's health insurance requirements are met or exceeded by the plan.

-You are responsible for photocopying all supporting insurance exemption documentation before submitting the request to The Center.

-This supporting documentation must show that you are fully insured for the entire semester. If you are requesting an exemption based on a reason other than having other insurance coverage the supporting documentation would need to remain valid for the full semester.

-For insurance purposes, the Fall semester is 8/15/2016- 1/14/2017 and the Spring semester is 1/15/2017- 8/14/2017.

-If your request is approved, we will directly notify the Student Accounting Office to remove the insurance fee from your term bill and you will receive an email confirmation from our office once that has been done.

-If your request is denied, our office will contact you by e-mail.

Please be sure to adjust the spam filters on your e-mail account so that any e-mail from our office will be accepted

Health Services Fee: the Health Services Fee will not be removed from the term bill of any registered student, even if you have an insurance policy of your own. This is University policy, not The Center's policy. The University requires every registered international student to have the Health Services Fee for liability purposes. If you are a registered student, then the Health Services Fee will NOT be waived.

Required Signature: your signature is required in order for your insurance exemption request to be approved and processed by our office. A request that is submitted without a signature will be considered to be an incomplete request and will not be processed. The signature portion of the request is located on the reverse side of this form towards the bottom of the page.

(Please read and complete reverse side of form)

REQUEST FOR EXEMPTION: INTERNATIONAL HEALTH INSURANCE PREMIUM

Request for (you must check one): Fall 2016 Spring/Summer 2017

Note: A separate request must be filled out at the start of each semester for which you are requesting an exemption.

Today's date _____ Student ID# _____

Family name _____ First name _____

Mailing Address _____

Telephone # () _____ E-mail address: _____

On which Rutgers campus are you enrolled? New Brunswick Newark Camden

REASON FOR REQUEST (check applicable box AND also attach documentation):

I have other medical insurance outside of Rutgers University. Please attach a copy of proof of your present insurance coverage that clearly shows that each University insurance requirement has been met.

I have a full-time, full year Assistantship with medical insurance through my Assistantship. Please attach proof of your present insurance coverage. If this is your first semester in the position and you do not have your insurance card yet you can provide a copy of your offer letter, a copy of your RT-100, and a photocopy of your employee benefits enrollment form (you MUST submit the original enrollment form to Human Resources to have your enrollment processed). For all others please attach a copy of your health insurance card as well as a copy of your prescription drug card.

I have a partial year or part time Assistantship **OR** an External Fellowship, and have accepted the insurance offered through that position. Please attach proof of your present insurance coverage.

I am living outside the United States for the full semester. Please attach documentation from your department here at Rutgers stating that you will not be in the United States and the period for which you will be outside of the United States.

My spouse, (name) _____ (student ID #) _____ is a (circle one) GA/TA/faculty/staff at Rutgers and is covered by insurance through his/her department by which I am also covered. Attached is dated proof of my present insurance coverage (e.g., letter from dept., insurance card)

Other reason(s): _____

Signature (Required)

I certify that I have read all instructions, policies, and procedures listed on this form. I am not providing false or misleading information to The Center and I am responsible for adhering to the policies and procedures listed on this form. I certify that I have NOT used the United Healthcare student health insurance policy I wish to be exempted from and that my alternate coverage will remain active for the entire semester in which I am requesting an exemption. Should my situation change at any point after being granted an exemption based on the documentation I'm providing I understand that it is my responsibility to notify the health insurance coordinator immediately.

(Name)

(Date)

Please return completed form and supporting documentation to the Center for Global Services, 180 College Avenue, New Brunswick, NJ 08901 or by email at globalservices@global.rutgers.edu, by the deadline listed on page 1.

OFFICE USE ONLY: SRDB__ FSA__ UHC__ Email ____

Updated 12/16