



## Northern Michigan University International Student Insurance Plan Waiver Request Form

All F1 and J1 visa students are required to purchase health insurance provided by LewerMark Student Insurance. You will be billed for the insurance at the beginning of each semester or year. To petition for a waiver, students must follow the procedures outlined below. A new waiver form must be completed each semester/year. For questions regarding this waiver request form or the insurance policy for F1 and J1 visa students, please contact Angela Maki in the International Education Services office.

The deadline to waive for the fall 2018 semester is Monday, August 13, 2018. Winter semester is Friday, December 14, 2018.

**Eligible Waiver:** A medical insurance plan from your home country or a family member working for a U.S. employer with insurance would be eligible.

**Non-Eligible Waiver:** Waivers are not acceptable for individual plans purchased in the United States. Travel Insurance or Emergency Only plans will not be accepted.

### **Waiver Procedure:**

Students must submit a waiver before their first semester of enrollment. Continuing students must submit a waiver each fall semester.

F1 Visa Students - Year charge is \$1703.64 and covers from 8-15-2018 to 8-14-2019  
J1 students - Semester charge is \$714.13 for one semester or \$1,274.23 for an academic year.

Students who receive a waiver will be notified by email and will have the insurance charge removed from their account.

Along with this form, you will need to submit your full policy with all benefits & exclusions shown. The alternative policy must:

- Be written in English
- Be converted to U.S. dollar currency
- Provide comparable coverage for the following but not limited to:
  - Mental Health: 30 days outpatient, 30 days inpatient
  - Pre-Existing Conditions: coverage up to the policy max after 6 months
  - Annual Maximum: \$250,000 USD
  - A deductible not greater than \$500
  - At least \$25,000 USD for repatriation
  - At least \$50,000 USD for medical evacuation
- Provide continuous coverage during academic semesters and University breaks and vacation periods

**PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION**

Waiver request for Student Insurance:

- Fall 2018    Winter 2019  
 Full Year

Student's last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID Number \_\_\_\_\_ Student email address \_\_\_\_\_

Local Phone Number: \_\_\_\_\_

Visa Type:  F-1  J-1

**Reason for waiver request (circle one):**

1. My parent or spouse is living/working in the USA and has medical insurance coverage for me.
2. I am a sponsored student and have medical insurance coverage from my sponsoring agency or home government.
3. I have insurance coverage from my home country.

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 \_\_\_\_\_

Amount of Annual Coverage \_\_\_\_\_

Amount of Coverage for Repatriation \_\_\_\_\_

Amount of Coverage for Medical Evacuation \_\_\_\_\_

Amount of Coverage for Mental Health \_\_\_\_\_

Is Policy in English?   Y\_\_\_   N\_\_\_

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 LowerMark international insurance policy.
- If my insurance coverage ends for any reason, it is my responsibility to notify the International Education Services Office.
- Any medical expenses I incur in excess of my insurance coverage are my responsibility and Northern Michigan University assumes no liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_