

Fall 2011 KU International Student & Scholar Services Student Health Insurance Waiver Form

Health Insurance is required for all KU international Students. If you are not purchasing the KU International Student Insurance plan, you must turn in this waiver form with a copy of your *Insurance Card* and your *policy's benefits summary page (in English)* to waive the coverage. The last day to submit your waiver is **September 1st, 2011. If you have questions please contact the Insurance Coordinator at issinsurance@ku.edu or call (785) 864-3617.**

Please check the appropriate box(es):

I am an/a:

- International Student
 GTA/GRA
 Visiting Scholar

What is your immigration status?

- J-1
 F-1
 Other: _____

Student's name: _____ KUID # _____

Date of Birth: ____/____/____ Email address: _____

Current Address: _____

Telephone: _____ Country of Citizenship: _____

Name of Insurance: _____ Policy # _____

Coverage Effective Date: ____/____/____ Coverage Ending Date: ____/____/____

If you are not sure how to complete this form, you can email or fax it to your insurance company and ask them to complete it and fax it back to the insurance coordinator at (785)864-5244.

DOES YOUR PLAN:

	YES	NO
1. Have a minimum \$100,000 or greater medical benefit for each sickness?	___	___
2. Have a minimum \$100,000 or greater medical benefit for each accident?	___	___
3. Have a deductible of \$500 or less per individual, per policy year?	___	___
4. Include inpatient and outpatient coverage for both sickness and accidents?	___	___
5. Have at least \$10,000 for repatriation (removal of remains after death)?	___	___
6. Have at least \$15,000 for medical evacuation to your home country?	___	___
7. Cover you from 8/22/2011 (first day of class) until 12/31/2011?	___	___
8. Did you attach an English copy of your Insurance Card & Benefits Summary page?	___	___

If you checked "No" for one (or more) of the above requirements, your policy does not meet the KU minimum requirements and you will be required to either purchase the KU International Student UnitedHealthCare Insurance or find an insurance policy that does meet the minimum requirements and submit another waiver form.

I am requesting a waiver form from the KU student health insurance plan. If this waiver is approved, I understand that I am legally responsible for any expenses incurred during my enrollment at KU, and that KU will not be responsible for any medical expense. If there are any inconsistencies between my submitted policy and the above standards, I understand that the waiver will not be approved and I will be required to enroll in the KU UnitedHealthCare International Student Insurance plan. I have read and understand the information on this form and I verify that information provided by me is accurate and true.

Printed Name (of student or insurance company representative): _____

Signature: _____ Date: _____

ISSS use
only
approved__
denied__