



International Student Health Insurance Waiver

PLEASE COMPLETE, SIGN, AND SUBMIT THIS FORM TO THE OFFICE OF INTERNATIONAL PROGRAMS. *If you do not understand something, contact the Office of International Programs for an explanation.*

I know I am eligible to use the international group health insurance plan arranged by UWS with Rust & Associates.

- I think the plan I have named on Page 2 is equivalent to or better than the UWS international student group plan for my own private insurance needs.
- Therefore, I prefer to use the insurance plan named on Page 2 instead of enrolling in the UWS international student/scholar group.
- I understand that UWS administrators do not know about the insurance company named on Page 2 and cannot advise me about its quality, policies, or procedures.
- I understand that UWS is **not** responsible for my health care or related expenses.
- I know that I am required to keep my insurance coverage up to date as long as I am enrolled at UWS, and I agree to maintain my insurance coverage continuously.
- I agree to provide the evidence of each insurance extension to the Office of International Programs **before** the end of my current period of coverage.

TO DETERMINE WHETHER YOUR POLICY IS EQUIVALENT TO THE ONE OFFERED AT UWS, ANSWER THE FOLLOWING QUESTIONS: *(Note that amounts are in U.S. dollars).* You may want to consult your insurance agent at home for clarification. Please attach relevant pages from your policy, with the appropriate sections highlighted. Do not submit your entire policy book.

1. The UWS insurance policy offers:

My policy offers:

Medical Expense benefits for injury/sickness, up to U.S. \$250,000 Maximum benefit for EACH injury or sickness.	\$
Medical evacuation (maximum single limit of \$100,000) and repatriation of remains (maximum of \$20,000) are included; amounts for these services are shown in U.S. dollars.	\$
Both inpatient and outpatient mental health services.	\$

2. List any specific limitations or exclusions to your policy. (Provide a photocopy of pages from your benefits manual listing any exclusions.)

3. If you are an athlete, provide documentation that you are covered for intercollegiate athletics and amounts in U.S. dollars. Highlight language that shows contact sports are not excluded.

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UWS INSURANCE WAIVER, PAGE 2

PLEASE READ THE FOLLOWING PARAGRAPHS AND SIGN THIS FORM.

- Before my insurance expiration date, I will provide evidence that I have renewed my insurance coverage, including the new expiration date, by providing a copy of my insurance card to the Office of International Programs.
- I understand that students who do not provide their renewal evidence in a timely manner each year may not be permitted to register for the next semester. *You must show evidence of continued coverage BEFORE each expiration date of your own insurance.*
- If I provide the required documentation, and this completed and signed form each year, the Office of International Programs will **WAIVE** the requirement that I purchase the UWS International Student Health Insurance Plan, and will not be able to advise me on matters related to my insurance plan.
- I understand and agree to each of the above statements.

Name of Insurance Company_____	
Ending Date of My Present Coverage_____	
Print Name_____	Today's Date_____
Signature_____	Date of Birth_____
Exchange rate information: One U.S. dollar equals_____	
UWS Student Identification No. _____	Email address_____

NOTE: Please attach a copy of **both sides** of your insurance card to this form.

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Office of International Programs
University of Wisconsin-Superior; Old Main 337
Belknap & Catlin
Superior, WI 54880-4500

Phone (715) 394-8138
FAX (715) 394-8363
www.uwsuper.edu