



INSURANCE WAIVER

International Group Health Insurance Waiver

Please complete, sign, and submit this form to the International Programs Office. ***If you do not understand something, contact the International Programs Office (M337) for an explanation.***

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

- I think the plan I have named below 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 below instead of enrolling in the UWS international student/scholar group.
- I understand that UWS administrators do not know about the insurance company named below and cannot advise me about its quality, policy, 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 at UWS, and I agree to maintain my insurance coverage continuously.
- I agree to provide the evidence of each insurance extension to the International Programs Office before the end of my current period of coverage.

NOTE: Please attach a copy of both sides of your insurance enrollment card.

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.

1. The U.W.S Insurance Policy Offers:	My policy offers:
a. Medical Expense benefits for injury/sickness, up to U.S. \$250,000 Maximum benefit for EACH injury or sickness.	\$
b. 100% cost of both medical evacuation and repatriation of remains are included; amounts for these services are shown in U.S. dollars.	\$
c. 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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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 International Programs Office.
- I understand that students who do not provide their renewal evidence on time 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.***
- I understand each of the above statements and agree to **WAIVE** my right to purchase the UWS International Student Health Insurance Plan.

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_____

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