THE UNIVERSITY OF ALABAMA IN HUNTSVILLE
INTERNATIONAL STUDENT/SCHOLAR INSURANCE WAIVER REQUEST FORM

STUDENT/SCHOLAR MUST COMPLETE THIS PORTION OF THE FORM

Student ID: ___________________ Telephone #: ___________________ E-Mail Address: ___________________

Last Name: ___________________ First Name: ___________________ Middle Initial: _____________

Semester Beginning: _____ Fall Semester _____ Spring Semester _____ Summer Semester

INSURANCE INFORMATION

Policy Holder Name: _______________________________ Policy Coverage Dates: _________________

Policy #_____________________ Company and Representative Name: _____________________________

Address: _____________________________________________________________________________

Telephone #: _______________ Fax #: ___________________ E-Mail Address: _______________________

Please verify the following waiver qualifications by checking the box below.

Yes:  No:

___ ___ I have an insurance policy as a part of a Government Sponsored Scholarship program. *Please attach policy information for approval*

___ ___ I am the dependent (spouse or child) of an employee working in the U.S. covered by a family plan. *Please attach policy information for approval*

___ ___ I am a J Scholar with a policy that meets requirements as set forth by the Department of State. *Please attach policy information for approval*

Please verify the following coverage requirements provided by your insurance by checking the box below.

Yes:  No:

___ ___ This policy meets all requirements mandated by the Affordable Care Act (ACA) like unlimited annual and lifetime dollar limits with no waiting periods for pre-existing conditions. Standard co-insurance of 20%

___ ___ Coverage for repatriation of remains is equal to or greater than $25,000. Medical Evacuation coverage is equal to or greater than $50,000.

The undersigned certifies that all information is correct. Filling out the Insurance Waiver Request Form does not guarantee approval of a waiver. All approved waiver applicants will be notified of the outcome of their waiver request within 10 business days of submission.

Name: ___________________________________________ Date: ___________________

*Please submit this form by the 6th day of class each semester to our email address at isss@uah.edu*