

**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: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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 10<sup>th</sup> day of class each semester to the International Student and Scholar Services  
Office, 301 Sparkman Dr., Student Services Building 218, Huntsville, Al. 35899. Fax: 256-824-4515. Phone 256-  
824-6055.