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 10th 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.

Form V2014