

Edgewood College International Student
Health Insurance Waiver Application

DEADLINES:

Fall Semester – September 1 Spring Semester – February 1

All Edgewood College international students with F-1 and J-1 visas are automatically enrolled in the College’s international student health insurance policy through WPS. **To apply for a waiver from the College’s insurance policy, you must submit this waiver form *and* a COPY OF YOUR CURRENT INSURANCE CERTIFICATE (including dates and details of coverage) in English to the Center for Global Education by the deadlines stated above. Late and incomplete waivers will not be approved.**

Note: If granted, the waiver will *only* be in effect for the current academic year. This form must be resubmitted for every subsequent year in which you wish to be released from this program.

Waiver forms will be evaluated for comparability by September 15/February 15. On that date, all students holding F or J visas *without* an approved waiver form will maintain enrollment in the College’s policy through WPS and will be responsible for full premium payment (billed directly to your student account in the Business Office).

Instructions:

Please answer the following questions to determine if your plan coverage exempts you from enrollment in the College’s health insurance policy.

1. I agree to maintain enrollment in my current health insurance policy until at least July 31 of the current policy year.	Yes	No
2. The deductible is no higher than \$500 per accident or illness.	Yes	No
3. Medical benefits of at least \$100,000 per accident or illness.	Yes	No
4. Coverage for in-patient (hospitalized) <i>and</i> out-patient (clinic, doctor’s office) treatment.	Yes	No
5. Minimum provision of \$50,000 for medical evacuation to your home country and \$25,000 for repatriation of remains.	Yes	No*
6. Your policy must meet one of the following requirements (place an X next to the requirement your policy meets): ____ (a) Underwritten by an insurance corporation having an A.M. Best rating of “A-” or above; a McGraw Hill Financial/Standard & Poor’s Claims paying Ability rating of “A-” or above; a Weiss Research, Inc. rating of “B+” or above; a Fitch Ratings, Inc. rating of “A-” or above; a Moody’s Investor Services rating of “A3” or above; or such other rating as the Department of State may from time to time specify; OR ____ (b) Backed by the full faith and credit of the government of the exchange visitor’s home country; OR ____ (c) Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; OR ____ (d) Offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.		

*If your current policy does NOT have coverage for medical evacuation and repatriation, you must enroll in the UnitedHealthcare Global Travel Assistance Program, which will provide coverage for medical evacuation and repatriation. By completing the information below and signing this form, you will be enrolled in the UnitedHealthcare Global Travel Assistance Program starting on September 1 through July 31. You will be responsible to pay \$96 (\$8/month) to cover the cost of this policy. This charge will appear on your Edgewood account.

***If you answered "No" to question 5 on page 1, provide a signature below to request enrollment in the UnitedHealthcare Global Travel Assistance Program.**

I request to be enrolled in the UnitedHealthcare Global Travel Assistance Program which will provide coverage for medical evacuation and repatriation. I agree to pay the \$8 monthly premium through July 31 of the current policy year.

Student Signature

Date

I hereby request a waiver for the current academic year from the mandatory International Student Injury and Sickness Insurance Program required of all Edgewood College international students on F-1 & J-1 visas and their dependents. I request this waiver on the basis of non-refundable comparable coverage. I have attached a copy of my current insurance card and details of policy coverage in effect through July 31 of the current policy year.

Name: _____
Family First

Edgewood ID: _____

___ Male ___ Female

Date of Birth: _____
Month/Day/Year

Phone #: _____

E-mail: CGE will contact you via your Edgewood email address.

I am presently insured by:

Name of Insurance Company

(_____) _____
Insurance Company Phone #

Dates of coverage: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Policy Number: _____

Student Signature

Date

Submit this form *and* a COPY OF YOUR CURRENT INSURANCE CERTIFICATE (including dates and details of coverage) in English to the Center for Global Education, 340 Predolin.

(Office use only)

Approved: ___ Denied: ___ Signed: _____ Date: _____