

## F-1 INTERNATIONAL STUDENT INSURANCE WAIVER FORM

**STUDENT MUST COMPLETE THIS PORTION OF THE FORM:**

USA Jag ID#: \_\_\_\_\_ EMail Address: \_\_\_\_\_

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

I have adequate health insurance coverage and request a waiver for the following semester(s):

Fall Semester    Spring Semester    Summer Semester

I understand that I must complete a new insurance waiver form each semester or academic year, depending on my private insurance policy coverage dates. I understand that I will be automatically enrolled in the USA Student Health plan and will pay all relevant premiums for the period of time covered until USA receives and approves my verification of coverage. I understand that failure to maintain coverage may be cause for termination of immigration status. I hereby authorize my insurance company to release the following information to the University of South Alabama. I further understand that failure to comply with these requirements will result in the cancellation of my participation in the study program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSURANCE COMPANY MUST COMPLETE THIS PORTION OF THE FORM:**

Name of Insurance Company: _____		
Mailing address for claims: _____		
Telephone # _____	Fax# _____	E-mail address: _____
Sponsor or Policy Holder Name: _____		
Policy # _____	Group # _____	Coverage Dates: _____

Please verify MINIMUM STANDARDS by checking the appropriate box relative to the coverage provided. ALL of the following criteria MUST be met for the plan to be approved. Please check as appropriate (YES coverage is provided, NO coverage NOT provided):

Yes  No    This policy provides both emergency and non-emergency health care and mental health benefits of at least \$100,000 per accident or illness.

Yes  No    A deductible no greater than \$500 per accident or illness.

Yes  No    Coverage for repatriation of remains (a minimum of \$25,000 toward such expenses or, if an amount is not specified, the policy must specify coverage for reasonable and necessary expenses for repatriation.)    b    t    p