

Wright State University
International Student Health Insurance Waiver Form
(Available only to students who have insurance through the employer of a spouse or parent)

Student's Name _____ UID _____

Phone # _____ Email _____

Dependents Names (F-2 visas): _____

Please provide the following information and a **copy of your insurance card**:

Name of Insurance Company _____

Address of Insurance Company _____

Name of Policy Holder _____

Name of Policy Holder's Employer _____

Group # _____ Policy # _____

Student Signature _____ Date _____

My signature above certifies that I am insured under the policy listed above. Please EXCLUDE me from the WSU Accident and Sickness Insurance Plan. I have health insurance equal to or greater than the coverage offered by WSU ** and I will not hold the University responsible for my medical expenses. **I will inform the University Center for International Education Office as soon as my present coverage is no longer valid.**

***Medical Evacuation and Repatriation coverage must be purchased separately if not offered by U.S. policy.*

WSU students with F or J Visas are required by University policy to maintain health insurance coverage during their studies. Students are assessed single student coverage unless a waiver is approved by UCIE. The waiver request must include proof of Medical Evacuation and Repatriation coverage and be received by UCIE no later than 10 days after the start of the term.

Waivers will be approved only for U.S. based insurance companies. Insurance policies that do not meet these requirements will not be accepted and students will be required to purchase the WSU Accident and Sickness Insurance Plan.

For information about the WSU Accident and Sickness Insurance Plan, please contact the Student Health Service Office at 051 Student Union (937) 775-2552 or HCH Administration, Inc. at (866) 679-0831.

**Proof of Medical Evacuation and Repatriation Coverage _____

Waiver Approved / Not Approved _____ Date _____

Jonathon Henderson UCIE
(Signature)