

**Wright State University**  
**International Summer Health Insurance Refund Request Form**  
**(Available April 15<sup>th</sup>-May 6<sup>th</sup> 2016)**

Student's Name \_\_\_\_\_ UID \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Dependents Names (F-2 visas): \_\_\_\_\_

\_\_\_\_\_  
Please provide reason you are seeking a refund for your summer health insurance (i.e. going on OPT, leaving the country after graduation, leaving the country for the summer):

\_\_\_\_\_  
If you are going on OPT please submit a copy of your Notice of Action form with this form. If you will be leaving the U.S. for the summer please include a copy of your plane tickets/itinerary with this form.

\_\_\_\_\_  
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 will be receiving coverage through an outside employer as part of my Optional Practical Training, or be outside the U.S. for the duration of the semester \*\* and I will not hold the University responsible for my medical expenses. **If I am leaving the U.S. for the summer I will not be returning prior to 30 days before the beginning of Fall semester, and I also understand that I will be charged that GAP insurance fee if I return prior to first day of classes for Fall semester.**

\_\_\_\_\_  
**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.**

**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.**

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Refund Approved / Not Approved \_\_\_\_\_ Date \_\_\_\_\_

Jonathon Henderson UCIE \_\_\_\_\_  
(Signature)