

THE WAIVER APPLICATION PROCESS

Eastern Michigan University
Office of Student Insurance, Snow Health Center
Phone 734.487.3048 Fax 734.487.5405*

***If faxing information must be faxed directly to the Student Insurance Office.**

Health Insurance is required of all International students attending EMU with an F or J visa status.

1. Complete the attached waiver application.
2. Present the completed application along with your insurance policy handbook **OR** schedule of benefits so that the insurance requirements may be verified. The handbook must be in English and coverage amounts must be in U.S. dollars. Translations are not accepted.
3. Show proof of effective date of insurance coverage, by month, day and year. When did the policy begin? When does the policy expire? Your policy must provide coverage for at least the following dates:

	<u>Effective Date</u>	<u>Expiration Date</u>
Fall Semester:	September 1, 2010	August 31, 2011
Winter Semester:	January 1, 2011	August 31, 2011
Spring Semester:	May 1, 2011	August 31, 2011
Summer Semester:	June 26, 2011	August 31, 2011

4. Bring the above items to Snow Health Center **before** 4 p.m. on the deadline date. Incomplete application packets, or those submitted after the deadline will not be approved for the current semester.

Fall Waiver Deadline:	09/17/2010	Winter Waiver Deadline:	01/14/2011
Spring Waiver Deadline:	05/05/2011	Summer Waiver Deadline:	06/30/2011

WAIVERS ARE PROCESSED MONDAY THROUGH FRIDAY FROM 10:00 A.M. – 12:00 AND 1:00 – 4:00 P.M.

5. If your policy contains all requirements except for medical evacuation and repatriation you may still qualify for a waiver by purchasing a separate rider. A rider is offered through **UnitedHealthcare StudentResources** for **\$40.00**. You may purchase the rider by check or credit card by the deadline date at the Student Insurance Office at Snow Health Center.
6. Keep a copy of your approved, validated waiver application as your receipt. The waiver expiration date is listed on the lower right corner. **NO OTHER REMINDER WILL BE SENT.** Waiver applications are valid from date of approval through **August 31, 2011.**
7. A new insurance waiver application must be submitted every fall semester (or first semester attending after) during the waiver application period. **No insurance information is carried forward to the next year.**

WAIVER REQUIREMENTS FOR STUDENT HEALTH INSURANCE

To waive Eastern Michigan University's student health and accident insurance plan, a comparable health insurance policy must meet the following requirements and the waiver application along with a copy of the policy handbook or schedule of benefits must be presented to, and approved by, the Student Insurance Office at Snow Health Center, by the waiver deadline.

Eligible policies must fall under one of the following categories:

- *Group Policy* - Insurance coverage is provided by an employer or by a spouse or legal guardian through an employer. Documentation must be provided from either the employer or a valid self-service website. The documentations must include the date the policy became effective, if and when it expires and who is covered.
- *Government Agency or International Organization Sponsored Policy* - Insurance coverage is provided by a pre-approved Governmental Agency or International Organizations. You must provide a copy of your insurance card and some form of picture identification.
 - Government Agency examples: Government of Kuwait/UAE, Government of Saudi Arabia
 - International Organization example: Fulbright

The policy must also meet the following minimum requirements:

1. The policy must be written by the carrier, in English, and premium rates must be in U.S. dollars.
2. The policy must include coverage of pre-existing conditions after a waiting period of no longer than one (1) year.
3. The policy must include in-patient and out-patient coverage for both sickness and accident.
4. The policy must have a deductible of no more than \$500 per individual, per accident or illness, OR the policy may include a provision for a co-insurance under the terms of which the patient may be required to pay up to 20% of the covered benefits per accident or illness.
5. The policy must state a maximum benefit of no less than \$50,000 per accident or illness.
6. The policy must provide no less than \$10,000 provision for medical evacuation to a student's home country.
7. The policy must provide no less than \$7,500 provision for repatriation (after death, removal of remains to student's home country).
8. The policy must provide benefits worldwide.
9. The policy must clearly state coverage dates according to the schedule as it appears on page 1, section 3.
10. If the insurance coverage is provided by an employer, a letter from the employer verifying the health insurance carrier and the date the current policy became effective is required.

The following types of insurance plans are **NOT** acceptable for waiver:

- Insurance that covers emergencies only is not acceptable.
- Travel insurance, such as TIC Travel insurance, Travel Insurance Services and Travel Underwriters, is not acceptable. Travel insurance is insurance that is in effect for a short period time (60 - 90 days, for example) and is designed for short trips. Insurance that you plan to substitute must be in effect at least through August 31, 2011 unless you plan to leave the University permanently before then.
- Coverage from private insurance providers, such as Study USA, ISO Insurance and American Home Assurance, is not acceptable.
- Coverage under MediShare or other forms of cost-sharing arrangements that are not true medical insurance is not acceptable.

EASTERN MICHIGAN UNIVERSITY
 Student Insurance Office
 Snow Health Center
 Phone 734.487.3048 Fax 734.487.5405*
 Insurance Specialist - Pat Short

* If faxing information must be be faxed directly to the Student Insurance Office.

Waivers are processed Monday through Friday, from 10:00 a.m. - 12:00 and 1:00 - 4:00 p.m.

Waiver Application
2010-2011

Student Insurance Office, Snow Health Center
Phone 734.487.3048 Fax 734.487.5405*

Fall Waiver Deadline: 09/17/2010 Winter Waiver Deadline: 01/14/2011
Spring Waiver Deadline: 05/05/2011 Summer Waiver Deadline: 06/30/2011

NO APPLICATIONS WILL BE APPROVED AFTER THE DEADLINE DATE
FOR THE CURRENT SEMESTER

Student Name _____

Student # _____ Date of Birth _____
Month/Day/ Year

Local Address _____
Street City State Zip Code

Telephone # (_____) _____ Visa Status J1____ J2____ F1____ F2____

Other _____

I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at EMU. Attached is a copy of my insurance policy, handbook or schedule of benefits and verification of coverage period.

Student Signature _____ Today's Date _____

Insurance Company Name _____ Policy # _____

Coverage Effective Dates: From _____ To _____
Month/ Day /Year Month/ Day/ Year

I understand that if my application is approved, this waiver approval will be VALID ONLY FROM THE DATE OF APPROVAL UNTIL 8/31/2011. NO insurance information is automatically carried forward to the next year. It is my responsibility to apply for a new waiver with updated insurance documents every Fall semester (or first semester attending following Fall semester) by the waiver deadline.

Signature _____

For Office Use Only

WAIVER APPROVED WAIVER DENIED

Reason for Denial _____

UHS Staff Signature _____ Today's Date _____

Validation _____ Waiver Expires _____
Month/Day/ Year

**Complete this form and submit with all of the required information, as stated on the "Waiver Requirements for Student Health Insurance" page, to:
Student Insurance Office, Snow Health Center.**