

THE WAIVER APPLICATION PROCESS

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

***Information may be submitted by fax, but must be faxed directly to the Student Insurance Office at the above fax number.**

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?
 - a. **Group Policy**- Insurance coverage is provided by an employer:
Present a letter from your employer to Eastern Michigan University. The letter must state that you are covered on a medical insurance policy provided by your employer and include the date the policy became effective.
 - b. **Private Policy**- You have purchased your health insurance policy:
The policy normally states the effective dates of coverage. If your copy of the policy does not state coverage dates, then you must request a letter from your carrier stating the effective coverage dates. Your policy must provide coverage according to the following schedule:
Fall Semester coverage must begin no later than September 1, 2009
Winter Semester coverage must begin no later than January 1, 2010
Spring Semester coverage must begin no later than May 1, 2010
Summer Semester coverage must begin no later than June 28, 2010
Regardless of when the coverage begins it MUST go through September 1, 2010
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: 09/30/2009
Spring Waiver Deadline: 05/24/2010

Winter Waiver Deadline: 01/27/2010
Summer Waiver Deadline: 07/26/2010

WAIVERS ARE PROCESSED Monday through Friday from 10:00-12:00 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 at the Student Insurance Office at Snow Health Center. The rider must be purchased by the deadline date in order for the waiver application to be approved for the current semester.
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 **September 1, 2010.**
7. A new insurance waiver application must be submitted every fall semester (or first semester attending after) waiver application period. **No insurance information is carried forward to the next year.**

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



Waiver Application
2009-2010

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

Fall Waiver Deadline: 09/30/2009 Winter Waiver Deadline: 01/27/2010
Spring Waiver Deadline: 05/24/2010 Summer Waiver Deadline: 07/26/2010

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

Student Name _____

Student # _____ Date of Birth _____

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 dates of coverage.

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 DATE OF APPROVAL UNTIL 9/01/2010. 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.**

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.

1. The policy must be written by the carrier, in English, and premium rates must be in U.S. dollar amounts.
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 3b.
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.

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

***Information may be submitted by fax, but must be faxed directly to the
Student Insurance Office at the above fax number.**

**Waivers are processed Monday through Friday, from 10:00-12:00 and 1:00-4:00 p.m.
The waiver deadline for each semester is always three weeks from the first day of classes.**