

THE STUDENT INSURANCE WAIVER APPLICATION PROCESS

Eastern Michigan University
Student Insurance Office, 246F Student Center
Phone: 734.487.3048
Fax: 734.487.8932
Email: student_insurance@emich.edu

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

1. Complete the attached waiver application (print or type only).
2. Submit the completed application, along with your insurance policy handbook OR schedule of benefits, and a copy of your insurance card, 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 dates 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, 2024 | August 31, 2025 |
| Winter Semester | January 1, 2025 | August 31, 2025 |
| Summer Semester | May 1, 2025 | August 31, 2025 |

4. Submit the complete application packet of items listed above in #2 and #3 to the Student Insurance Office 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: | 09/06/2024 |
| Winter Waiver Deadline: | 01/10/2025 |
| Summer Waiver Deadline: | 05/09/2025 |

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 for \$110 through www.acsa-travelsolutions.com. You may purchase the rider online by the deadline date, and submit a copy of your receipt to the Student Insurance Office by email to: student_insurance@emich.edu.
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.** Approved waiver applications are valid from date of approval through August 31, 2025, unless otherwise noted.
7. A new insurance waiver application must be submitted every fall semester (or the first semester attending after fall semester) 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. The waiver application, along with a copy of the policy handbook or schedule of benefits and a copy of your insurance card, must be submitted to, and approved by, the Student Insurance Office, by the waiver deadline. Only insurance plans that comply with the Affordable Care Act will be considered comparable.

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 documents must include the date the policy became effective (the policy must clearly state coverage dates according to the schedule as it appears on page 1, item 3), 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 Organization. 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.

The policy must meet the following minimum requirements:

1. It must be written by the carrier in English, and the premium rates must be in U.S. dollars.
2. It must contain in-network providers (hospital and doctors) in Southeastern Michigan.
3. It must include coverage for preventive care at 100% of usual and customary charges.
4. It must treat pregnancy as any other medical condition.
5. It must **not** have any pre-existing condition limitations.
6. It must include in-patient and out-patient coverage for both sicknesses and accidents.
7. It must provide prescription drug coverage.
8. It must cover at least 80% of usual and customary charges for hospital room, board, miscellaneous hospital expenses, physician expenses in and out of the hospital, ambulance service, outpatient labs, x-rays, and diagnostic tests.
9. It's total out-of-pocket costs (the total sum of any deductible or coinsurance) may not exceed \$6,350.00 (U.S.) per policy year.
10. It must provide unlimited coverage for essential health benefits as indicated by the Affordable Care Act.
11. It must provide unlimited coverage for medical evacuation and unlimited coverage for repatriation (after death, removal of remains) to the student's home country. *See page 1, item 5.
12. It must provide benefits worldwide.
13. Insurance that you plan to substitute must be in effect through at least August 31, 2025.

The following types of insurance plans are **NOT** acceptable for a 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 of time (60-90 days, for example) and is designed for short trips. Insurance that pays for a patient's condition to be "stabilized", but then requires the patient to be returned to the home country for treatment, is not acceptable.
- Coverage from private insurance providers, ex. Study USA, ISO Insurance, 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.

Waivers may be sent by email to student_insurance@emich.edu until 4:00 p.m. of the deadline date.

**Waivers may also be faxed to 734.487.8932 or dropped off at the
Student Insurance Office, 246F Student Center.**

Student Insurance Website – <https://www.emich.edu/uhs/insurance>

2024-25 STUDENT HEALTH INSURANCE WAIVER APPLICATION

Student Insurance Office, 246F Student Center
email: student_insurance@emich.edu phone: 734.487.3048 fax: 734.487.8932

Fall Waiver Deadline: 09/06/2024
Winter Waiver Deadline: 01/10/2025
Summer Waiver Deadline: 05/09/2025

**INCOMPLETE APPLICATION, OR AN APPLICATION MISSING REQUIRED DOCUMENTS, WILL NOT BE ACCEPTED.
WAIVER APPLICATION SUBMITTED AFTER THE DEADLINE WILL NOT BE APPROVED.**

Please type or print legibly

Student Name _____ Student Email _____
Student EID# _____ Date of Birth _____
Month/Day/Year
Local Address _____ City/State _____ Zip Code _____
Telephone # _____ Visa Status J1 _____ J2 _____ F1 _____ F2 _____
Other _____
Insurance Company Name _____ Policy # _____
Coverage Effective Dates: From _____ To _____
Month/Day/Year Month/Day/Year

*-I 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 the coverage period.
-I understand that if my application is approved, this waiver approval will be valid ONLY FROM THE DATE OF APPROVAL UNTIL 8/31/25. NO insurance information is automatically carried forward to the next year and I must reapply for a new waiver by the following year's waiver deadline. It is my responsibility to apply for a new waiver with updated insurance documents every fall semester (or the first semester attending following fall semester) by the waiver deadline for that semester.*

Student Signature _____ Date _____

For Office Use Only

Date Application Received _____ Received by: _____ Email _____ In-Person _____

WAIVER APPROVED _____ WAIVER DENIED _____ WAIVER APPROVED WITH CONDITIONS _____

Reason for denial or conditions _____

Insurance Office Staff Signature _____ Date _____

Validation _____ Waiver Expires _____

Complete this form and submit with all the required information as stated on the "Waiver Requirements for Student Health Insurance" page to: student_insurance@emich.edu; fax to 734.487.8932; or drop off at the Student Insurance Office, 246F Student Center.