

Elon International Student Insurance Plan Waiver Request Form

All F1 and J1 visa students are required to purchase health insurance provided by LowerMark Student Insurance. You will be billed for the insurance at the beginning of each semester or year. Students who request a waiver of the mandatory insurance must demonstrate that they have comparable insurance coverage each semester. To petition for a waiver, students must follow the procedures outlined below. A new waiver form must be completed each semester. For questions regarding this waiver request form or the insurance policy for F1 and J1 visa students, please contact Amanda Zamzes in the international office.

The deadline to waive is 07/26/19.

Eligible Waiver: An insurance plan from your home country or a family member working for a U.S. employer with insurance would be eligible. Waivers are not acceptable for individual plans purchased in the U.S.A.

Waiver Procedure:

- Each semester or year, the cost for the (Elon University Health Insurance policy) will be charged to each F-1 and J-1 visa holder's school account.

Year charge is *estimated* to be \$1,200 and covers from 8/1/2019 to 5/31/2020

Semester charge is *estimated* to be \$600

**The total cost per semester/year may be a few dollars less for the 2019-2020 academic year, not to exceed the amount listed above.*

- The LowerMark staff will consider an insurance waiver request which includes a (1) completed waiver request form and (2) possible written proof of alternative insurance. A decision to grant a waiver will be decided within one week after the waiver is received. Waiver request decisions are final.

- Students who receive a waiver will be notified by email and will have the insurance charge removed from their account.

Alternative Insurance Policy:

Along with this form, you may be requested to provide written proof that the alternative insurance policy meets the following coverage requirements in order to have a waiver request approved. The alternative policy must:

- Be written in English
- Be converted to U.S. dollar currency
- Provide comparable coverage per year to the amount of \$100,000 annual coverage.
- Have a deductible not greater than \$500 per condition
- Provide at least U.S \$25,000 for repatriation
- Provide at least U.S \$50,000 for medical evacuation
- Provide continuous coverage during academic semesters and University breaks and vacation periods

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Waiver request for Elon University_ Student Insurance: Fall 2019
 Spring 2020

Student's last name: _____ First Name: _____

Student ID no. _____ Student email address _____

Local Phone Number: _____

Visa Type: F-1 J-1

Reason for waiver request (select one):

- My parent or spouse is living/working in the USA and has medical insurance coverage for me.
- I am a sponsored student and have medical insurance coverage from my sponsoring agency or home government.
- I have insurance coverage from my home, family or spouse.

Alternative Insurance Information (see Page 1 for alternate insurance requirements)

Name of Insurance Carrier: _____ Policy Number: _____

Address of Carrier: _____

Start Date of Coverage: _____ End Date of Coverage _____

Maximum Annual Coverage _____

Amount of Coverage for Repatriation _____

Amount of Coverage for Medical Evacuation _____

Is Policy in English? Y___ N___

Customer Service Phone Number: _____

Name of Policy Owner (Primary Insured Person): _____

I understand that:

- A denied waiver request OR failure to provide complete and accurate information will result in my automatic enrollment in the Elon University international insurance policy.
- If my insurance coverage ends for any reason, it is my responsibility to notify Elon University.
- Any medical expenses I incur in excess of my insurance coverage are my responsibility and Elon University assumes no liability.