

## **UAF International Student Insurance Plan Waiver Request Form**

All international students in F1 and J1 status are required to have health insurance while attending UAF. Your student account is billed for the UAF health insurance plan at the beginning of each semester.

Fall Semester (August 25 – January 14) charge is approximately \$680.00  
Spring/Summer Semester (January 15 – August 24) charge is approximately \$950.00  
\*\*There will be no insurance refunds for summer\*\*

**Fall deadline for waiver requests: 13 August 2020**  
**Spring deadline for waiver requests: 17 December 2020**

**\*\*Late or incomplete waiver requests are not accepted\*\***

**All request forms and supporting documentation must be emailed to:**  
[uaf-internationalprograms@alaska.edu](mailto:uaf-internationalprograms@alaska.edu)

**Eligible Waiver:** A medical insurance plan from your home country or a family member working for a U.S. employer with insurance would be eligible.

**Non-Eligible Waiver:** Individual plans purchased in the U.S. will not be accepted. Travel Insurance or Emergency Only plans are not accepted.

### **Waiver Procedure:**

Along with this request form, you will need to submit your supporting documentation. Documentation must include:

- Your insurance policy written in English
- Be converted to U.S. dollar currency
- Provide comparable coverage for the following but not limited to:
  - Mental Health: 30 days outpatient, 30 days inpatient
  - Pre-Existing Conditions: coverage up to the policy max after 6 months
  - Annual Maximum at least 500,000 USD
  - A deductible not greater than 500 USD
  - At least 25,000 USD for repatriation
  - At least 50,000 USD for medical evacuation
- Provide continuous coverage during academic semesters and University breaks and vacation periods

Students, whose waiver request is approved, are notified by email and will have the insurance charge removed from their student account located in UAOnline.

**PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION**

- ☐ Fall 2021 waiver request  
☐ Spring/Summer 2022 waiver request

Student's Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

UAF ID Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Local Phone Number: \_\_\_\_\_

Visa Type: ☐ F-1 ☐ J-1

**Reason for waiver request (circle one):**

1. My parent or spouse is living/working in the U.S. and has medical insurance coverage for me.
2. I am a sponsored student and have medical insurance coverage from my sponsoring agency or home government.
3. I have insurance coverage from my home country.

**Alternative Insurance Information:**

Name of Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address of Carrier: \_\_\_\_\_

Start Date of Coverage: \_\_\_\_\_ End Date: \_\_\_\_\_

Amount of Annual Coverage: \_\_\_\_\_

Amount of Coverage for Repatriation: \_\_\_\_\_

Amount of Coverage for Medical Evacuation: \_\_\_\_\_

Amount of Coverage for Mental Health: \_\_\_\_\_

Is Policy in English (circle one)? Yes No

Amount of annual deductible: \_\_\_\_\_

Customer Service Phone Number: \_\_\_\_\_

Name of Policy Owner (Primary Insured Person): \_\_\_\_\_

I understand that:

- Waiver requests submitted after the deadline will not be accepted.
- Incomplete waiver requests are not considered and will be denied.
- A denied waiver request OR failure to provide complete and accurate information will result in my automatic enrollment in the LowerMark international insurance policy.
- If my insurance coverage ends for any reason, it is my responsibility to notify the IPI office immediately.
- Any medical expenses I incur in excess of my insurance coverage are my responsibility and UAF assumes no liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_