

Office of International Student Services Insurance Waiver Request Form

The University of St. Thomas requires all F-1 and J-1 visa students to enroll in the UST Accident and Sickness Insurance Plan through Student Assurance Services. Students who request a waiver of the mandatory St. Thomas 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 St. Thomas insurance policy for F-1 and J-1 students, please contact the Office of International Student Services (OISS) at oiss@stthomas.edu or tel: 651-962-6650.

Waiver Procedure:

- Each semester, the cost of the University of St. Thomas Accident and Sickness Insurance policy will be charged to each F-1 and J-1 visa holder's St. Thomas account.
Spring Semester charge is \$437.50 and covers from 02-01-08 to 08-14-08
- Each Semester, the student must complete the Waiver Form and include a copy of their insurance coverage/policy and submit them both to OISS. **The spring 2008 deadline is February 20, 2008 for F-1 and J-1 visa students to waive the St. Thomas insurance.**
- The OISS staff will consider an insurance waiver request which includes a (1) completed waiver request form and (2) written proof of alternative insurance. A decision to grant a waiver will be decided by Feb.27. 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. If students have already paid for the insurance before the waiver, refunds will be issued.

Alternative Insurance Policy:

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

- Be written in English
- Be converted to U.S. dollar values
- Provide at least U.S \$75,000 coverage per accident or illness
- Have a deductible not greater than \$500 per condition
- Have a waiting period for coverage of a pre-existing condition no longer than 12 months
- Provide at least U.S \$7,500 for repatriation
- Provide at least U.S \$10,000 for medical evacuation
- Treat pregnancy/maternity as any other illness
- Provide continuous coverage during academic semesters and University breaks and vacation periods (including Winter break, J-term and summer break)

Show Proof of Insurance Coverage for the following period:

- **J-1 student.** Needs coverage from Feb. 1, 2008 to 30 days after DS-2019 ends.
- **F-1 continuing student.** Needs coverage from Feb. 1, 2008 to August 14, 2008.
- **F-1 completing program in spring 2008.** Needs coverage from Feb. 1, 2008 to July 26, 2008 (60 days after program completion date).

Office of International Student Services Insurance Waiver Request Form

F-1 and J-1 students who request a waiver of the mandatory St. Thomas insurance must demonstrate that they have comparable insurance coverage each semester. A new waiver form must be completed each semester. For questions regarding this waiver request form or St. Thomas insurance policy for F-1 and J-1 students, please contact the Office of International Student Services (OISS) at oiss@stthomas.edu or tel: 651-962-6650. **Please read Page 1 carefully for written proof and alternate insurance requirements.**

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Waiver request for: Spring 2008 Visa Type: F-1 J-1 Other: _____

Show Proof of Insurance Coverage for the following period:

- J-1 student.** Needs coverage from Feb. 1, 2008 to 30 days after DS-2019 end date.
- F-1 continuing.** Needs coverage from Feb. 1, 2008 to August 14, 2008.
- F-1 completing program in spring 2008.** Needs coverage from Feb. 1, 2008 to July 26, 2008 (60 days after program completion date).

Student's last name: _____ First Name: _____

Local Address: _____ Local Phone Number: _____

Student ID Number: 100 _____ UST Email: _____

Reason for waiver request (select one):

- My parent or spouse is living/working in the USA and has medical insurance coverage for me. (Submit proof of relationship).
- I am a sponsored student and have medical insurance coverage from my sponsoring agency or home government. (Submit proof of sponsorship).
- I am an exchange student and have insurance coverage from my home school, family or spouse. (Submit proof of sponsorship).
- Other (extenuating circumstance): _____

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

Name of Insurance Carrier: _____ Policy Number: _____

Address of Carrier: _____ Start Date of Coverage: _____

Customer Service Phone Number: _____ End Date of Coverage: _____

Name of Primary Insured Person: _____

I understand that:

- An initial insurance waiver received after **February 20, 2008** will automatically be denied.
- A denied waiver request OR failure to provide complete and accurate information will result in my automatic enrollment in the UST insurance policy.
- If my insurance coverage ends for any reason, it is my responsibility to notify OISS.
- Any medical expenses I incur in excess of my insurance coverage are my responsibility and St. Thomas assumes no liability.
- If my alternative insurance policy does not cover repatriation and/or medical evacuation, I am expected to purchase the Global Emergency Assistance Services Plan offered for St. Thomas students for \$45 for 6 months or \$80 for one year. Contact OISS to purchase this plan.

Student Signature

Date