



## International Student Health Insurance Waiver Request Form

Full name: \_\_\_\_\_ M#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

Policy#: \_\_\_\_\_ Enrollment date: \_\_\_\_\_ Policy end date: \_\_\_\_\_

According to **Federal policy 22 CFR 62.14**, all International students are required to have health insurance when attending the University of Montevallo.

### If you have already purchased an alternate policy, you must:

#### **1. Provide a COPY of your policy, which must include the following benefits:**

  Y   N: **Policy Maximum:** Maximum of at least \$100,000 per accident or illness.

  Y   N: **Policy Deductible:** Deductible that does not exceed \$500 per accident or illness.

  Y   N: **Repatriation:** Return of remains in the amount of \$25,000 or greater.

  Y   N: **Medical Evacuation:** Expenses associated with the medical evacuation of the exchange visitor to his/her home country in the amount of \$50,000 or greater.

#### **2. AGREE to the following terms:**

- Completion of this form does not guarantee acceptability of the above policy, and may require verification with the insurance provider.
- If any of the required benefits are not covered through the above policy, purchase of the health insurance policy offered by UM becomes mandatory.
- If at any time the above policy becomes inactive or does not provide the required coverage, purchase of the health insurance policy offered by UM becomes mandatory.

By signing this form, I am affirming that my health insurance policy will provide the coverage as outlined above. I hereby assume all financial responsibility while attending the University of Montevallo and release the University of Montevallo of any responsibility for my health care, return of remains, and/or medical evacuation.

\_\_\_\_\_  
**Student signature**

\_\_\_\_\_  
**Date**