



## **International Student Health Insurance Waiver Request Form**

*This form is to be completed and submitted when an international student has purchased their own health insurance policy and chooses to opt out of UM's policy.*

**Student 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.

### **1. The student will attach a COPY of the benefits summary of their policy**

#### **AND indicate coverage of the following benefits by selecting Yes or No:**

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. The student agrees to the following terms:**

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