

2008-2009 Southern Methodist University Waiver

Southern Methodist University requires that all full-time International University students maintain health insurance coverage as a condition of enrollment.

1. The insurance premium will be waived for international students sponsored by the United States Government, a foreign government recognized by the United States of America. Waivers will be based on the government or organization guaranteeing payment of all health care expenses including medical evacuation and repatriation. Documentation of guarantee, including a copy of the health insurance policy or certificate and Insurance ID card, must be presented to the Southern Methodist Student Health Center **prior** to registration to be considered.
2. The insurance premium will be waived for students who provide documented evidence, including a copy of the health insurance policy or certificate and Insurance ID card, of comparable health insurance coverage, including medical evacuation and repatriation, by a U.S. employer.

Please print

Student Name: _____ Student ID: _____

Mailing Address: _____
City State Zip Code

Cell/Daytime Phone #: () _____ Evening Phone #: () _____

E-mail Address: _____

Indicate below the type of insurance you have and attach the necessary documents in order for your waiver form to be considered. This waiver form will not be accepted for consideration without all necessary documents attached.

TYPE OF INSURANCE: (CHECK ONE)

COVERAGE PROVIDED BY EMPLOYER

- Name of medical insurance policy holder: _____
- Your relationship to the policy holder: _____
- Name of company for whom policy holder works: _____
- Name of Insurance Company: _____
- Necessary Documents:
 - Front and back copy of insurance card with your name
 - Certificate of Coverage verifying coverage: **August 13, 2008 to August 13, 2009**
 - Current Insurance Plan Coverage. This will be used to confirm your insurance plan provides required coverage. This document should be included in your policy information. Please provide this document in English.
 - Documentation of medical evacuation and repatriation coverage.

SPONSORSHIP THROUGH AN EMBASSY

- Necessary Documents:
 - Documentation of sponsorship.
 - Certificate of Coverage verifying coverage: **August 13, 2008 to August 13, 2009**
 - Current Insurance Plan Coverage. This will be used to confirm your insurance plan provides required coverage. This document should be included in your policy information. Please provide this document in English.
 - Documentation of medical evacuation and repatriation coverage.

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I request a waiver of participation in the Southern Methodist University Student Insurance Plan. I acknowledge that I am legally responsible for any and all medical expenses during my enrollment at Southern Methodist University and that Southern Methodist University will not be responsible for any medical expenses I may incur. By signing this form, I attest that the information provided about my insurance coverage is true and correct. I also understand that I must maintain insurance coverage throughout the entire year for which I have been granted a waiver. If I fail to maintain the insurance coverage presented with this form, I understand that I may lose my ability to be granted a waiver in the future.

I understand this request is subject to Southern Methodist University approval. If this request is denied, I understand that my student account will be billed for Student Insurance charges.

Student Signature: _____ Date: _____

Forward the completed form with supporting documentation attached to: Southern Methodist University Student Health Center

Note: If waiver is approved, the appropriate waiver code will be entered in the student's account and the charge for the health insurance will be removed. If waiver is not approved, the student will be notified via an email from Academic HealthPlans.

Waiver requested is: ____ Approved ____ Denied Date: ____/____/____ Initials _____

Reason Denied: _____
