Lewis University International Student Insurance Plan  
Waiver Request Form

All F1 and J1 visa students are required to purchase health insurance provided by LewerMark Student Insurance. You will be billed for the insurance at the beginning of each semester or year. Students who request a waiver of the mandatory 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 the insurance policy for F1 and J1 visa students, please contact Michael Fekete in the International Student and Global Scholar Services Office.

The deadline to waive is _________.

**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:** Waivers are not acceptable for individual plans purchased in the United States. Travel Insurance or Emergency Only plans will not be accepted.

**Waiver Procedure:**

Each semester or year, the cost for the health insurance will be charged to each F-1 and J-1 visa holder's school account.

Semester charge is 139.21 and covers from 08/01/2019 to 12/31/2019

Students who receive a waiver will be notified by email and will have the insurance charge removed from their account.

Along with this form, you will need to summit your full policy with all benefits & exclusions shown. The alternative policy must:

- Be 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: $250,000 USD
  - A deductible not greater than $500
  - 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
PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Waiver request for Student Insurance: ☐ Fall 2019  ☐ Spring 2020

Student’s last name: _______________________ First Name: _______________________

Student ID Number__________________ Student 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 USA 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 (see Page 1 for alternate insurance requirements)

Name of Insurance Carrier: _______________________ Policy Number: ___________

Address of Carrier: _______________________________________________________

Start Date of Coverage: ________________ End Date of Coverage_______________

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?   Y___  N___

Customer Service Phone Number: _______________________

Name of Policy Owner (Primary Insured Person): ______________________________________

I understand that:
• A denied waiver request OR failure to provide complete and accurate information will result in my automatic enrollment in the LewerMark international insurance policy.
• If my insurance coverage ends for any reason, it is my responsibility to notify the International Office.
• Any medical expenses I incur in excess of my insurance coverage are my responsibility and Lewis University assumes no liability.

Signature:______________________________ Date:______________________________