

Application for Waiver of Insurance Requirement

For GEOBLUE Health Insurance

Health insurance is **mandatory** for all international students during Fall and Spring semesters. Each international student will be enrolled with an insurance policy from *HTH Worldwide*, Ferris State University's preferred provider, and will be billed on his/her student account. International students may apply to receive a waiver of this insurance enrollment with *HTH Worldwide* by submitting proof of purchase of a comparable health insurance policy for both Fall and Spring semesters.

NOTE: Students who fail to meet all of the minimum requirements or who fail to complete the whole form will **not be eligible for the Waiver**. The International Student Advisor will not continually request documentation. International students must understand that **they are responsible for proving** they have comparable insurance coverage. Students are responsible for immediately informing the International Student Advisor if their coverage changes or becomes null/void. International students are responsible for completing all required documentation. **Incomplete applications will not be approved.**

Current Immigration Status (check) F-1 J-1 Semester _____ Year _____

Student Name: _____ Student ID: _____
(Family/Last Name) (First Name)

Phone number: _____ E-mail address: _____

Local Street Address: _____

City: _____ State: _____ Zip Code: _____

Insurance Company Name: _____

Policy Number: _____ Policy Holder's Name: _____

Relationship to student: _____

Coverage Effective Dates: From _____ to _____
Month/Day/Year Month/Day/Year

I understand that I am legally responsible for any medical expenses incurred during my enrollment at Ferris State University. Attached to this application is a copy of my insurance card, policy handbook, and/or an official letter with verification of the dates and scope/terms of coverage.

If my coverage changes or becomes null/void, I understand that I must immediately inform the International Student Advisor. Proof of insurance is required for every Fall and Spring semester. I also understand that the Waiver, if approved, is valid only from the date of approval until the next semester; no insurance information will be carried forward to the next academic semester.

Student Signature: _____ Date: _____

In order to be eligible for waiver of the insurance requirements, the policy covering the student must meet all of the following requirements. The policy holder must verify that the student has each of the itemized, minimum requirements by initialing the requirement.

1. The policy must be **written by the carrier in English**. Policies submitted in another language will not be reviewed and will be returned for translation if time permits.

Initials: _____

2. The policy must **provide coverage in all 50 states & territories of the US**.

Initials: _____

3. The policy **must state the specific start date and end date of coverage**, which must cover the duration of the following periods:

a. Fall Semester August 27- December 27

b. Spring Semester January 10 –June 10 Initials _____

4. The policy must include **in-patient and out-patient coverage** for both sickness and accident.

Initials: _____

5. The policy must state a **maximum benefit of no less than \$50,000** per accident or illness.

Initials: _____

6. The deductible is not to **exceed \$500 per individual**, per accident or illness.

Initials: _____

7. The policy may include a provision for an insurance co-pay, but under the terms of the policy the patient must not be required to pay **more than 20%** of the covered benefits per accident or illness.

Initials: _____

8. The policy must cover **pre-existing conditions** after a waiting period of no longer than one calendar year.

Initials: _____

9. The policy must provide **no less than \$10,000 provision for Medical Evacuation** to a student's home country, i.e. necessary transportation in the event of accident or illness.

Initials: _____

10. The policy must provide **no less than \$7,500 provision for Repatriation** to student's home country, i.e. necessary transportation of remains in the event of death.

Initials: _____

Student Name: _____ Student Signature: _____

Date: _____

Employer Health Benefits: If a student is covered through an employer or family's employer, the student must also submit a verification letter on company letterhead. It must include the current date, the name(s) of covered employee and dependents, the name of the health insurance carrier, the effective start and end dates of coverage and the employer's printed name and signature.

For waiver approval, proof of health insurance documentation must be submitted every semester before the deadline (listed below). Applications for waivers are subject to the approval of the International Student Advisor. Students will be informed via e-mail if their waiver applications are approved as quickly as possible.

Students who want to apply for a waiver should submit the following documents to the International Student Advisor:

1. Application for Waiver of Insurance Requirement(Page 1 & 2)
2. Legible copy of student's active insurance card
3. Copy of health insurance summary of benefits page(s) with all the minimum requirements and the student's name, birth date and dates of coverage.

Waiver Application deadlines are as follows:

Summer 2019 – May 27, 2019

Fall 2019 – September 9, 2019

Spring 2020 – January 27, 2020