

THE UNIVERSITY OF ALABAMA®
International Student/Scholar Health Insurance Waiver Form for Summer 2017

The Student or Scholar must complete each portion of the form below, sign and date it:

UA STUDENT Campus Wide ID:	Telephone # with Area Code:	E-mail address:
Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip Code:
<p>Semester Starting Summer 2017: Students who submit proof of comparable coverage by <u>6/02/2017</u> will be granted a one year waiver valid through <u>5/31/2018</u>. If the Student cannot provide proof of comparable coverage through <u>5/31/2018</u>, the student will be required to submit a waiver request to UA each semester. NOTE: Students who lose coverage elsewhere during the year must enroll for coverage through The University of Alabama within 30 days of their loss of coverage.</p>		

I hereby authorize my health insurance company to release the following information to **The University of Alabama** located in Tuscaloosa, Alabama. I further understand that my failure to comply with these requirements on a timely basis will result in the cancellation of my participation in this waiver program.

Signature: _____ Date: _____

Your Health Insurance Company must complete the portion below on the form:

Sponsor or Policy Holder Name:	Policy Coverage Dates:	
Policy #	Company and Representative Name:	
Address:		
Telephone #:	Fax #:	E-mail Address:

Please verify MINIMUM STANDARDS by checking the appropriate box relative to the coverage provided. All of the following criteria MUST be met for the plan to be approved for a waiver of coverage by The University of Alabama:
NOTE: *The University of Alabama assumes no responsibility for a student's medical expenses especially if they get a waiver from coverage.*

- YES:** **NO:**
- This policy covers the person named above for pre-existing medical conditions, unlimited annual, and unlimited dollar amounts for medical expenses incurred outside the student's home country.
 - Standard co-insurance of 20% for In-Network or Participating Provider Organization (PPO)
 - A deductible no greater than \$250 per person for in network (PPO) providers or \$500 per person for out of network (Non-PPO) providers for the policy's plan year.
 - Coverage for repatriation of remains is equal to or more than \$25,000. Medical evacuation coverage is equal to or more than \$50,000.
 - If there is a PPO requirement associated with Plan's benefits, is there the availability of PPO hospitals and physicians in the greater Tuscaloosa, Alabama area?
 - The policy meets J Visa requirements as set forth by the Department of State. (For J Visa status)

The undersigned Insurance Representative CERTIFIES that all the information provided is correct.

Insurance Representative Title/Signature: _____ Date: _____

<p>This waiver form must be <u>received by mail or by fax</u> directly to the following address <u>before June 2, 2017</u>.</p> <p>The UA Student Insurance Office Student Health Center-The University of Alabama Box 870360 Tuscaloosa, AL 35487</p> <p style="text-align: center;">FAX: (205) 348-9571 OFFICE PHONE: (205) 348-4086</p>		
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