

## NKU International Student Health Insurance Waiver Petition Form Academic Year 2009/2010

Northern Kentucky University requires all international students to maintain medical insurance that provides coverage in the United States and meets certain minimum benefit requirements. To ensure this, NKU will automatically enroll all international students, scholars and their dependents with (F-1/F-2 and J-1/J-2) status in NKU's Health Insurance plan.

Certain international students may be eligible to request a Waiver Petition Form as determined by the Office of International Students and Scholars. This is an annual process and students must submit a Waiver Petition Form request every academic year to remain eligible. **NOTE: ALL WAIVER PETITION FORMS MUST BE SUBMITTED BY AUGUST 24, 2009.**

**PLEASE NOTE:** All Waiver Petition Form requests must provide proof that the insurance coverage either meets or exceeds the NKU health insurance plan based on the criteria listed below and will be reviewed by NKU's provider.

### Process for Requesting A Waiver from Enrollment in NKU's Student Medical Insurance Plan:

1. Student – Read this form, sign at the bottom and return to OISS.
2. Student - Attach a copy of your current health insurance card along with this form with the dates of coverage for your current plan.
3. Student – Our insurance provider will review your plan and notify the Office of International Students and Scholars (OISS) concerning the petition form.
4. International Office – OISS will then contact you and provide a courtesy copy of the approved Waiver Petition Form for your recordkeeping. If honored, the NKU student insurance premium charge will be reversed from your student account for the academic period that you remain covered by this alternate insurance. However, we cannot reverse the charges if you submit this Waiver Petition Form after the deadline has already passed. Waiver Petition Form requests must be submitted by the first day of classes for each semester.

### Waiver Criteria for F-1 Students

Any insurance plan must meet all of the conditions below before being considered for a Waiver. If your coverage does not meet all of these criteria of comparable coverage, you may not waive. If you do not know whether your coverage meets these conditions, you should contact your health insurance plan administrator to get accurate information about your health insurance plan.

- My insurance plan provides a benefit coverage of at least \$100,000 U.S. dollars.
- My insurance plan has NO Daily Limits on Hospitalization charges.
- My plan provides coverage for mental health conditions.
- My insurance plan provides Medical Evacuation coverage of at least \$25,000\*
- My insurance plan provides Repatriation coverage of at least \$25,000\*
- My plan is a group plan
- My plan is in English.

### Waiver Criteria for J-1 Students/Scholars

- My insurance plan provides a benefit coverage meets the requirement as deemed adequate by the Department of State
- All J-1 Exchange Visitors and J-2 dependents must have a health insurance policy that meets or exceeds the benefits described by the Department of State under 22 C.F.R. § 62.14  
<http://exchanges.state.gov/education/jexchanges/about/22cfr62.pdf>

**PLEASE NOTE:** Many U.S. health insurance companies do not include medical evacuation and repatriation. Therefore, some students and scholars may be required to purchase supplemental insurance in the amount of \$60.00 per year and your student account will automatically be billed for this amount.

Print Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Name of insurance company plan: \_\_\_\_\_

I understand and agree to the following:\*

I am applying for a waiver of health insurance benefits and certify that the above information is accurate. I further understand that the waiver information is audited and if the information is found to be invalid, I will be enrolled in the Northern Kentucky University Health Insurance Plan automatically and will be responsible for paying the cost of the plan. I understand and agree that if I am granted a waiver, I will maintain comparable health insurance at all times while enrolled in classes at Northern Kentucky University including any supplemental medical evacuation and repatriation insurance if required.

In signing this waiver, the undersigned acknowledges having been fully informed of the content of this waiver by reading it before signing it. In addition, the signing of this document constitutes a waiver and releases Northern Kentucky University from any and all responsibility for the costs of any and all illness or accident claims. Furthermore, the signing of this document constitutes understanding that a request to show proof of insurance coverage with an insurance card, translated in English, may occur at any time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: ALL WAIVERS MUST BE SUBMITTED BY AUGUST 24, 2009 FOR THE FALL 2009 SEMESTER. THERE ARE NO EXCEPTIONS TO THIS DEADLINE. PROOF OF INSURANCE MUST ACCOMPANY THE WAIVER PETITION FORM.**

For office use only:

Waiver approved by \_\_\_\_\_ Date \_\_\_\_\_

Medical Evacuation and Repatriation required: \_\_\_yes \_\_\_no

Billed on: \_\_\_\_\_