International Student Health Insurance Waiver
2015-2016 Academic Year

Xavier University requires all international students to maintain medical insurance that provides coverage in the US and meets certain minimum benefit requirements. To ensure this, Xavier will automatically enroll all international students, scholars and their dependents with (F1/F2 and J1/J2) status in Xavier’s health insurance plan.

In order to waive out of the University’s health insurance plan, international students must complete this waiver form and submit it in to the Center for International Education (Center for International Education) by Sept 10th, 2015 if beginning in the Fall term. Failure to do so results in automatic enrollment in the Xavier Student Health Insurance Plan. The charge for the plan will appear as a line item on your account statement from the Bursar’s Office. No late waivers will be accepted.

WAIVER CRITERIA

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 below, you may not waive. If you do not know whether your coverage meets these conditions, you must contact your health insurance plan administrator and obtain an official letter from them verifying the details below to submit with this form.

Please return this application with a copy of your health insurance ID card clearly showing the coverage period along with a verification letter of coverage from your insurance detailing the minimum insurance coverage requirements below to the CIE.

Minimum Insurance Requirements for F1 students:
- Plan provides benefit coverage of at least $100,000 US dollars
- Plan has a deductible not to exceed $500
- Plan has NO Daily Limits of hospitalization charges
- Plan provides medical evacuation coverage of at least $50,000
- Plan provides repatriation coverage of at least $25,000
- Plan provides mental health coverage
- Plan provides coverage in the Cincinnati region
- Plan is Affordable Care Act (ACA) comparable
- Plan is in English and has a US billing address

Minimum Insurance Requirements for J1 students:
- Plan provides benefit coverage that meets the requirement as deemed adequate by the Department of State. To see all requirements needed please click on the following link: http://j1visa.state.gov/wp-content/uploads/2014/10/Subpart-A-Federal-Register-publication-8893_PublishedFR_10-6-2014.pdf.

Requests that are submitted without a copy of the health insurance ID card and written verification of ALL the detail coverage required above will not be considered.
I acknowledge that by submitting this form, I am waiving out of the Xavier University Student Health Insurance Plan. In addition, I hereby certify:

_______ I am currently enrolled in a health insurance plan that meets the minimal coverage requirements which will remain in effect through the 2015-2016 academic year or my program period;

_______ I have compared my plan to the Xavier Student Health Insurance Plan and have determined the benefits to be comparable to or greater than all benefits offered by the Xavier University Student Health Insurance Plan, including the medical evacuation and repatriation coverage;

_______ I will be solely responsible for all medical expenses, and neither the Center for International Education, nor the McGrath Health and Wellness Center will be held responsible for any medical expenses that I incur.

I understand that information provided herein is confidential and will be used for the sole purpose of documenting my decision to waive the Xavier University Student Health Insurance. I am also granting Xavier University or its agent permission to verify this information through an auditing process. If it is determined that the information provided on this form is invalid, I understand that I will be enrolled into and billed for the Xavier Student Health Insurance Plan for that term and for future, subsequent terms.

Student Name: __________________________________________

Last Name: ___________________________ First Name: ___________________________ MI: ___________________________

Date of Birth: ___________________________ Student ID: ___________________________

Month / Date / Year

Xavier Email: __________________________________________

Phone Number: __________________________________________

I understand that only after thorough review and approval of the Health Insurance Waiver, CIE will notify the Bursar’s Office to remove the Health Insurance premium for the approved terms from my bill. **This may not happen until the next billing cycle.** I understand that all waiver approval or denial decisions are made at the sole discretion of Xavier University.

__________________________________________
Student’s Signature

__________________________________________
Date Signed

FOR OFFICE USE ONLY:

Intake: CIE Staff __________ Date _____/_____/_____

APPROVED ☐

DENIED ☐

NOTES: