International Student Health Insurance Waiver

2011-2012 Academic Year

All international students in F or J status are required to purchase the Xavier Student Health Insurance Plan as a condition of enrollment and will not be permitted to waive the coverage. Exceptions may apply for international students in F-1 status who are covered as a US-based employee, or as a dependent of a US-based employee.

In order to WAIVE OUT of the University-sponsored health insurance plan, international students must complete this waiver form and turn it in to the Center for International Education by September 22, 2011 (fall) or January 31, 2012 (spring). 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. Return the completed form with a copy of your health insurance ID card or written verification of coverage by fax to 1-513-745-2876 or by mail to Center for International Education, Xavier University, 3800 Victory Parkway, Cincinnati, OH 45207-2171 or in person to the Center for International Education, 230 Gallagher Student Center.

I acknowledge that by submitting this form, I am waiving out of the Xavier University Student Health Insurance Plan.

In addition, I hereby certify:

1. I am currently enrolled in a health insurance plan that meets the exception listed above which will remain in effect through the 2011-2012 academic year;

2. 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;

3. I will be solely responsible for all medical expenses, and neither Xavier University, 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 Student Health Insurance Plan for that term and for future, subsequent terms.

I understand that upon receipt of the completed waiver form and accompanying documents, the Center for International Education will notify the Bursar’s Office to remove the Health Insurance premium for the approved terms. The waiver form will be sent to the McGrath Health and Wellness Center for inclusion in the student’s medical records.

Student’s Initials: ____________

Form continues on reverse.
# International Student Health Insurance Waiver

## 2011-2012 Academic Year

> **PLEASE PRINT LEGIBLY**

<table>
<thead>
<tr>
<th>Social Security Number* (Or Xavier ID number)</th>
<th>_<em><strong><strong><strong><strong>-/</strong>_____<strong>/</strong></strong></strong></strong></em></th>
<th>Today's Date</th>
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<tbody>
<tr>
<td>Student's Last Name</td>
<td>_____<em><strong><strong>-____<strong><strong>-</strong></strong></strong></strong></em></td>
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<td>Address</td>
<td>Apt. #</td>
<td>City</td>
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<td>Email (required)</td>
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<td>Telephone (_____)-_______</td>
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<td>Academic Program: ____ ESL ____ Undergraduate (Bachelor’s) ____ Graduate (Master’s or PsyD)</td>
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</table>

I certify that I have health insurance under one of the following through the 2011-2012 academic year:

- _____ I am covered as a **US-based employee**. (Employment examples: Procter & Gamble, GE Aircraft Engines, Chiquita, Cintas, etc.)

- _____ I am covered as a **dependent** of a **US-based employee**. (examples: spouse, child, etc.)

  (Name of policy holder______________________ Relationship to you:_____________)

- _____ I am covered by a **third party organization, such as the Saudi Arabian Cultural Mission (SACM)**, which provides health insurance by a U.S. based provider.

I understand that all waiver approval or denial decisions are made at the sole discretion of Xavier University.

Student's Signature ___________________________________________ Date __________________

Requests that are submitted without a copy of the health insurance ID card or written verification of coverage will not be considered.

Please keep a copy of this form for your records.

For more information, please visit the McGrath Health and Wellness Center website: [http://www.xavier.edu/health-wellness/insurance.cfm](http://www.xavier.edu/health-wellness/insurance.cfm)

**FOR OFFICE USE ONLY**

Rec’d ________/______/_______ By __________ Date ________/______/_______ Reason

Notes________________________________________________________________________________________________________________________________________________________