

2018-2019 Lewis International Students Health Insurance Form WAIVER

Please check the appropriate boxes):

International Student: F-Visa J-Visa Other-Visa

Type: _____

Lewis Student ID Number: _____ e-mail: _____

Students Name: Last _____ First _____ MI _____

Current Address: _____

City State Zip Code: _____

Part I. This section should be completed by international students who wish to purchase the Lewis University Insurance (this is strongly recommended). It should also be completed by students who wish to be billed in one annual payment. I wish to be billed for the following insurance coverage:

- ◆ **Fall:** See Chart 08/01/18-12/31/18
- ◆ **Spring:** See Chart 01/01/19-07/31/19
- ◆ **Annual:** See Chart 08/01/18-07/31/19

Part II. Request for Waiver of Insurance Coverage

Name of Insurance: _____ Policy # _____ Insurance Co. E-mail: _____

To waive enrollment in the Lewis University student health insurance plan, your comparable health insurance coverage **MUST** meet **all** of the following criteria to satisfy Lewis and Visa requirements (there is a more extensive list on – line and in your orientation packet). **International Students: You must also submit a copy of your policy benefits summary page only) in English and U.S. dollars.** Please place a 'X' in the appropriate column. **Incomplete forms will be returned.**

DOES YOUR PLAN HAVE... YES NO*

- 1. A maximum \$25,000 or greater medical benefit for sickness ?
- 2. \$2500 maximum for immunizations?
- 2. \$2,500 dental treatment (injury to sound, natural teeth only??
- 2. A maximum \$25,000 or greater medical benefit for accidents?
- 3. A deductible of \$100 or less per individual, per policy year?
- 4. Include inpatient and outpatient coverage for both sickness and accidents?
- 5. Coverage worldwide. Exemption from coverage in an international student's home country is acceptable).
- 6. Provide \$100% of for medical evacuation to an international student's home country?
- 7. Provide \$100% of cost for repatriation removal of remains after death) to your home country?
- 8. Cover you for Spring/Summer waiver period.

***If you checked "No" for one or more) of the above requirements, your policy does not meet waiver standards and you will be automatically enrolled in the Lewis University student health insurance plan. Please note that Lewis University recommends that your plan also include maternity benefits, inpatient and outpatient coverage for mental and/or nervous disorders, and coverage for HIV infection, including Acquired Immune Deficiency Syndrome AIDS), AIDS-related complex, and a positive HIV test.**

I am requesting a waiver from the Lewis University student health insurance plan. If waiver is approved, I understand that I am legally responsible for any medical expenses incurred during my enrollment at Lewis, and that Lewis University will not be responsible for any medical expense. If there are any inconsistencies between my submitted policy and the above standards, I understand that waiver will not be approved and I will be automatically enrolled in the Lewis University student health insurance plan. I have read and understand the information on this form. I also verify that information provided by me is accurate and true.

Signature of Student _____ **Date** ____ / ____ / ____

Please contact the Lewis University International Student Services office if you lose your other coverage during your waiver period.

Lewis University Use Only:

- Approved**
- Denied reason) _____**

Instructions:**2018-19 School Year For Registered International Students**

Health insurance is required for all Lewis University international students. In order to waive automatic enrollment in the Lewis University student health insurance plan, complete this waiver form and submit it to the International Student Services office for approval **within established deadlines**. Other coverage **MUST** meet all of the waiver standards on the reverse side of this form. Deadlines are stated below.

Registered International Students are automatically enrolled in the Lewis University student health insurance plan. A health insurance fee will be charged on your tuition bill. Submit this form **with a copy of your policy's benefits summary page** in English and U.S. dollars) to waive the coverage.* **Please write your name and student ID number on the policy summary.**

Submit this form to waive the coverage.*

If you have questions concerning coverage or the waiver process, contact:

Michael Fekete
International Student Services
Lewis University
One University Parkway, Unit #280
Romeoville, IL 60446

Waiver Deadline:

- **Fall 2018: 09/07/2018**
- **Spring 2019: 01/25/2019**