

Lewis University International Student Insurance Plan Waiver Request Form

All F1 and J1 visa students are required to purchase health insurance provided by LewerMark Student Insurance. You will be billed for the insurance at the beginning of each semester or year. Students who request a waiver of the mandatory insurance must demonstrate that they have comparable insurance coverage each semester. To petition for a waiver, students must follow the procedures outlined below. A new waiver form must be completed each semester. For questions regarding this waiver request form or the insurance policy for F1 and J1 visa students, please contact **Michael Fekete** in the **International Student and Global Scholars Services Office**.

Eligible Waiver: A medical insurance plan from your home country or a family member working for a U.S. employer with insurance would be eligible.

Non-Eligible Waiver: Waivers are not acceptable for individual plans purchased in the United States. Travel Insurance or Emergency Only plans will not be accepted.

Waiver Procedure:

Each semester or year, the cost for the health insurance will be charged to each F-1 and J-1 visa holder's school account.

Semester charge is \$148.19 per month and covers from August 1 to December 31 for Fall Semester and January 1 to May 31 for Spring Semester.

Deadline for waiver is 10 days after the set International Students Orientation Program date.

Students who receive a waiver will be notified by email and will have the insurance charge removed from their account.

Along with this form, you will need to submit your full policy with all benefits & exclusions shown. The alternative policy must:

- Be written in English
- Be converted to U.S. dollar currency
- Provide comparable coverage for the following but not limited to:
 - Mental Health: 30 days outpatient, 30 days inpatient
 - Pre-Existing Conditions: coverage up to the policy max after 6 months
 - Annual Maximum: \$250,000 USD
 - A deductible not greater than \$500
 - At least \$25,000 USD for repatriation
 - At least \$50,000 USD for medical evacuation
- Provide continuous coverage during academic semesters and University breaks and vacation periods

Waiver can be found under the Healthcare/ Insurance tab on our ISS website: <https://lewisu.edu/student-services/iss/index.htm>

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Waiver request for Student Insurance: Term: _____ Year: _____

Student's last name: _____ First Name: _____

Student ID Number _____ **Student email address** _____

Local Phone Number: _____ Visa Type: F-1 J-1

Reason for waiver request (choose one):

I have medical insurance coverage from my employer (CPT/OPT).

I am a sponsored student and have medical insurance coverage from my sponsoring agency or home government.

Alternative Insurance Information (see Page 1 for alternate insurance requirements)

Name of Insurance Carrier: _____ Policy Number: _____

Address of Carrier: _____

Start Date of Coverage: _____ End Date of Coverage: _____

Amount of Annual Coverage _____

Amount of Coverage for Repatriation _____

Amount of Coverage for Medical Evacuation _____

Amount of Coverage for Mental Health _____

(If there would become a medical or mental health situation that would be long lasting, travel back to Sweden is covered by the insurance as well.)

Is Policy in English? _____

Customer Service Phone Number: _____

Name of Policy Owner (Primary Insured Person): _____

I understand that:

- A denied waiver request OR failure to provide complete and accurate information will result in my automatic enrollment in the LowerMark international insurance policy.
- If my insurance coverage ends for any reason, it is my responsibility to notify the International Students Office.
- Any medical expenses I incur in excess of my insurance coverage are my responsibility and Lewis University assumes no liability.

Signature: _____ Date: _____