

HAMLIN UNIVERSITY

International Student Health Insurance Waiver: 2011-2012

Family (Last) Name _____ Given (First) Name _____
Hamline ID _____

CHECK ONE OF THE BOXES BELOW:

Undergraduate Student (Degree Seeking Student):

**Eligible only if student has government provided international insurance that meets the requirements on page 2 of this form (Signature is required below)*

**Signature of Director – International & Off Campus Programs _____*

Undergraduate Student (Exchange Student/Study Abroad):

**Eligible only if student has (a) current international insurance from their home university that meets the requirements on page 2 of this form, or (b) government provided international insurance that meets the requirements on page 2 of this form (Signature is required below)*

**Signature of Director – International & Off Campus Programs _____*

Graduate Students and Law Students (Degree Seeking or Exchange Student):

**Eligible only if student has (a) current international insurance from their home university that meets the requirements on page 2 of this form, or (b) government provided international insurance that meets the requirements on page 2 of this form, or (c) personal insurance that meets the requirements on page 2 of this form (No signature of IOCP staff is required)*

SELECT TERM(S) FOR WHICH YOU ARE REQUESTING A WAIVER:

Semester based programs (all programs except MBA):

Fall Term Coverage ____ Spring Term Coverage ____

Trimester based programs (i.e. MBA):

Fall Term Coverage ____ Spring Term Coverage ____ Summer Term Coverage ____

You must carefully review your own insurance policy to ensure that your policy meets ALL requirements listed below. If your insurance does not meet all requirements, supplemental insurance must be purchased or you will not be ineligible for a waiver. **Sign your initials on each line below as verification that your insurance policy meets EACH REQUIREMENT:**

_____ I verify that I have insurance that covers **medical benefits of at least \$50,000 per person per accident or illness.**

_____ I verify that I have insurance that covers **repatriation of remains in the amount of at least \$7,500.**

_____ I verify that I have insurance covers expenses associated with **medical evacuation in the amount of at least \$10,000.**

_____ I verify that I have insurance that **does not have a deductible that exceeds \$500 per accident or illness.**

_____ I verify that I currently maintain insurance and will continue to maintain insurance coverage that meets the requirements above **for the duration of my academic program at Hamline University.**

I request and authorize Hamline University to waive the mandatory international student health insurance premium from my student account for the 2011-2012 academic year. I will hold Hamline University blameless for any medical expenses not covered in whole or in part by my policy provider. Hamline University makes no claim to the validity of my policy nor indicates whether any health care provider will accept said policy as payment for services rendered.

I fully understand all of the above, and my consent on this form is freely given.

Student Signature

Date

Note that the waiver must be requested within two weeks of the start of each fall term. No waiver will be carried over from one academic year to the next. (e.g. if you give the office a waiver in May you must submit another waiver in late August prior to the start of the fall term and new academic year)

****Attachment: You must attach a copy of your insurance card and proof of policy coverage being used in lieu of Hamline University policy. Submit all documents to the International and Off Campus Programs office.***