

**UNIVERSITY OF DELAWARE
MEDICAL INSURANCE WAIVER FORM
INTERNATIONAL STUDENTS
Spring 2011**

International students attending the University of Delaware on an F-1 or J-1 Visa are automatically enrolled in an accident and sickness insurance plan. Federal mandate requires J-1 Visa status students to have this insurance and the University of Delaware requires F-1 Visa holders to hold this insurance while in the U.S. The insurance premium appears as a charge on the student's semester tuition bill.

If an international student has individual health insurance and wishes to be exempted from the UD plan, the student must complete this waiver form. The only reasons that a waiver from the UD plan are:

- UD student is covered under a spouse plan with the spouse's U.S. employer or is included with spouse's UD student plan;
- UD student is covered by an agency who is sponsoring the student;
- UD student is covered by the student's home country/government policy having comparable coverage.

In signing this waiver, the undersigned acknowledges having been fully informed of the content of this waiver by reading it before signing it. In addition, the signing of this document constitutes a waiver and releases the University of Delaware from any and all responsibility for the costs of any and all illness or accident claims. Furthermore, the signing of this document constitutes understanding that a request to show proof of insurance coverage with an insurance card, translated in English, may occur at any time.

NOTE: ALL WAIVERS MUST BE APPROVED BY FEBRUARY 21, 2011 FOR THE SPRING SEMESTER 2011. THERE ARE NO EXCEPTIONS TO THIS DEADLINE. PROOF OF INSURANCE MUST ACCOMPANY WAIVER FORM.

Print Name: _____ Student ID # _____

Email address: _____

Date of Birth: _____

Name of student's insurance company plan: _____

I verify that my insurance plan provides minimum coverage of 1) medical benefits of at least \$50,000 per person per accident or illness; 2) repatriation of remains in the amount of \$7,500; 3) expenses associated with medical evacuation in the amount of \$10,000; 4) the deductible does not exceed \$500 per accident or illness; and 5) the policy will be maintained throughout the duration of my stay in the U.S.

Signed: _____ Date: _____

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For office use only: Waiver approved by _____ Date _____