Academic Year 2013-2014 Waiver Form – *Fort Hays State University*

Kansas Board of Regents policy states "Each state university shall require any international student holding a F-1 visa and any exchange visitor holding a J-1 visa to show proof of health insurance coverage for each semester or term for which the student is enrolled, whether or not the student is participating in the Board's voluntary student health insurance program. Such proof of insurance shall be required prior to the student beginning classes."

All international students are *automatically* enrolled in the KBOR Student Health Insurance Plan. If you wish to waive out of this coverage, ***you must complete and return this waiver form along with proof of adequate health insurance coverage from another health plan that meets the university's requirements.*** **New waiver requests must be submitted EVERY fall or, if other coverage is for less than academic year, a new waiver request must be submitted for each semester or summer for which the student is enrolled.**

Directions:
Complete Sections A & B of this form and bring or fax the completed form along with proof of your other health insurance (including your ID card) to the Student Health Insurance Coordinator **BEFORE** the applicable waiver deadline(s) listed in Section A. **Waivers received after the deadline will not be approved.** **Waiver Deadline:** ***Monday, August 19, 2013—Fall semester & Tuesday, January 21, 2014--Spring semester***

Please Print

Section A

I am requesting a waiver for the Student Health Insurance Plan for the following duration. *(Please chose one option)*

☐ **Fall Semester** *8/19/2013-12/31/2013*
☐ **Spring Semester** *1/1/2014-5/31/2014*
☐ **Summer Semester** *6/1/2014-7/31/2014*

Student Information

Last Name/Family Name	*First Name/Given Name*	*Middle Initial*	*University Student I.D. #*

Local Address	*City*	*State*	*ZIP*	*Birth Date (Month/Day/Year)*	☐ Female ☐ Male
				/ /	

Telephone	*Fax*	*Email*
( )	( )	

Section B

☐ NO. **I do *not* wish to accept automatic enrollment in the Student Health Insurance Plan because I have health insurance coverage that meets ALL the University's requirements for waiver. I have read the description of student health insurance coverage provided. I understand that I am always legally responsible for all medical expenses I incur and that the University will not be responsible for any of my medical expenses.**

I have provided proof that my insurance provides the following required benefits and coverage:

A. A minimum of $500,000 annual coverage with no lifetime aggregate limit (no per incident maximums)
B. Coverage for essential benefits as defined under Patient Protection and Affordable Care Act – including pharmacy, mental health, maternity, preventive care, contraception – with no dollar limits
C. A pre-existing conditions exclusion waiting period that is reasonable (9 months or less)
D. A policy year deductible of $500 or less. Maximum total out of pocket expense (deductible plus out-of-pocket maximum) cannot exceed $10,000
E. A minimum of $7,500 for repatriation and $10,000 for medical evacuation.
F. A minimum of 70% coinsurance payable by the insurance plan to network providers. Emergency/urgent care only is not accepted for waiver
G. Verifiable proof of coverage with student's name (ID card, insurance policy or letter from insurance carrier – copy provided)
H. Effective dates covering the entire period for which I am requesting a waiver
I. Attach copy of insurance policy (explanation of what your insurance covers) in English, with currency amounts converted to U.S. dollars.
J. Insurer has a base of operations in the US or has a US based claims payer. Must include address and phone number.

Name of Insurance Company	*Insurance Company Telephone Contact in US* ( )
Name of Employer (if applicable)	*Insurance Policy #*
Insured Name	*Relationship to Student*
Signature	*Date*

For Office Use Only — Do Not Write Below Line

Form Received By	**Date**
Coverage Verified to Meet Criteria in Section B:	(Insurance Coordinator)
Copy of ID Card/ Policy Received:	(Insurance Coordinator)
Waiver Accepted	**Waiver Denied**

Attention Students:

You must hand-deliver or scan and email this form, with your proof of other adequate health insurance coverage, to the Student Health Insurance Coordinator on your campus.

☐ **Hand deliver to campus-FHSU Sheridan Hall 208**
☐ **Email – mkohl@fhsu.edu**

Keep a copy of your fax log as proof of fax transmittal