

STUDENT HEALTH INSURANCE WAIVER FORM

2012-2013 FORT HAYS STATE UNIVERSITY INTERNATIONAL STUDENTS

Health insurance is required for all Fort Hays State University international students. If you are not purchasing the Kansas Board of Regents insurance plan, you must turn in this waiver form with a copy of your policy's benefits summary page (in English) **EVERY SEMESTER. If you have questions, please contact the Insurance Coordinator at mkohl@fhsu.edu.

| | | | | |
|---|--|---|-----------------------|--|
| Name (<i>Last, First, M.I.</i>): | | <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth: | |
|---|--|---|-----------------------|--|

| | |
|--|--|
| Social Security Number or FHSU ID # | |
|--|--|

Local Address

| | | |
|------------------------|----------------|----------------------|
| Street address: | Email Address: | Phone No.: () |
| City: | State: | ZIP Code: |
| Country of Citizenship | | |

Name of Insurance Provider:

IN CASE OF EMERGENCY

| | | | |
|---|--------------------------|---------------------------|---------------------------|
| Name of local friend or relative (not living at same address): | Relationship to student: | Home phone no.: () | Work phone no.: () |
|---|--------------------------|---------------------------|---------------------------|

| | |
|-----------|--|
| Policy #: | |
|-----------|--|

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|--------------------------|--|
| Coverage Effective Date: | |
|--------------------------|--|

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|-----------------------|--|
| Coverage Ending Date: | |
|-----------------------|--|

Please check the appropriate box(es):

| I am a/an : | What is your immigration status? | I am applying for the waiver because: |
|--|--|--|
| International Student <input type="checkbox"/> | J – 1 <input type="checkbox"/> | I am graduating at the end of _____ semester <input type="checkbox"/> |
| GTA/GRA <input type="checkbox"/> | F – 1 <input type="checkbox"/> | I am enrolled but out of the country for the entire semester/year <input type="checkbox"/> |
| Visiting Scholar <input type="checkbox"/> | Other : _____ <input type="checkbox"/> | I have other Health Insurance <input type="checkbox"/> |

DOES YOUR PLAN OFFER THE FOLLOWING

| | | |
|--|------------------------------|-----------------------------|
| Have a minimum \$100,000 or greater medical benefit for each sickness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have a minimum \$100,000 or greater medical benefit for each accident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have a deductible of \$500 or less per individual, per policy year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Include inpatient and outpatient coverage for both sickness and accident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have at least \$10,000 for repatriation (removal of remains after death)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have at least \$15,000 for medical evacuation to your home country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Required coverage date: FALL: 8/20/2012 - 12/31/2012 – SPRING: 1/01/2013 – 5/31/2013 -- ENTIRE 2012-2013 academic year 8/20/2012 – 5/31/2013 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you attach a copy of your policy (Benefits Summary page only) in English? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have U.S. contact information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

IF YOU CHECKED "NO" FOR ONE (OR MORE) OF THE ABOVE REQUIREMENTS, YOUR POLICY DOES NOT MEET FORT HAYS STATE UNIVERSITY'S MINIMUM REQUIREMENTS AND YOU WILL BE REQUIRED TO EITHER PURCHASE THE KANSAS BOARD OF REGENTS INTERNATIONAL STUDENT INSURANCE OR FIND AN INSURANCE POLICY THAT DOES MEET THE MINIMUM REQUIREMENTS AND SUBMIT ANOTHER INSURANCE VERIFICATION FORM.

I am requesting a waiver from the Kansas Board of Regents International Student Health Plan. If this waiver is approved, I understand that I am legally responsible for any expenses incurred during my enrollment at Fort Hays State University and that Fort Hays State University will not be responsible for any medical expenses. If there are any inconsistencies between my submitted policy and the above standards, I understand that the waiver will not be approved and I will be required to enroll in the Kansas Board of Regents International Student Insurance Plan. I have read and understand the information on this form and I verify that information provided by me is accurate and true.

| | | |
|--|-----------------|------------|
| <i>By signing this form, you are stating that you understand the waiver procedure.</i> | Signature _____ | Date _____ |
|--|-----------------|------------|

ACCEPTED: Fall 2012 Spring 2013

DENIED: Fall 2012 Spring 2013