ISS Health Insurance Waiver Request Form

Reason for Request (Select One)

☐ I am covered by a government-sponsored health insurance plan.

☐ I am covered as a dependent under a U.S.-based employer-sponsored health insurance plan.

Required Insurance Information

- Insurance Company: _____
- Policy Number: _____
- Name of Sponsoring Government Agency or Employer (if applicable): _____
- Effective Date: _____
- Expiration Date: _____

Please attach:

☐ Insurance ID Card

☐ Certificate of Insurance (COI)

☐ Summary of Benefits/Coverage

Coverage Verification

Requirement	Coverage Amount	Meets Requirement
Medical Coverage	$250,000 minimum	☐ Yes ☐ No
Annual Deductible	$500/year (no greater than)	☐ Yes ☐ No
Repatriation of Remains	$25,000 minimum	☐ Yes ☐ No
Medical Evacuation	$50,000 minimum	☐ Yes ☐ No

If you replied no to any of these requirements, you are not eligible for the waiver.

International Student Services Use Only

☐ Approved

☐ Denied

Reviewed By: _____

Date: _____

Comments: _____