

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	\$_____	☐ Yes ☐ No
Annual Deductible	\$_____	☐ Yes ☐ No
Repatriation of Remains	\$_____	☐ Yes ☐ No
Medical Evacuation	\$_____	☐ 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: _____