



# UNIVERSITY of ALASKA SOUTHEAST

## UAS Health Insurance Waiver Request Form

All international students in F1 status are required to have health insurance while attending UAS. Your student account will be billed for the UAS health insurance plan at the beginning of each semester. Students who request a waiver of the mandatory insurance must demonstrate that they have comparable insurance coverage each semester. To request a waiver, students must follow the procedures outlined below.

Fall Semester charge is \$559.15 and covers from August 25 – January 14

Spring/Summer Semester charge is \$868.01 and covers from January 15 – August 24

### Waiver Process:

1. Student submits completed waiver request form and health insurance documentation to UAS Admissions Office
2. Admissions staff will review the insurance waiver request.
3. The decision to approve the waiver will be made within one week from the receipt date. Waiver requests and accompanying documentation **must be received by the close of business of the first Friday of classes** in order to have the waiver processed before the fee payment deadline.

### Alternate Insurance Policy:

Along with the waiver request form, you are required to provide written documentation that your health insurance policy meets the following coverage requirements in order to have a waiver request approved. The documentation must:

- Be written in English
- Include your name
- Include dates of coverage (must cover the entire semester)
- Provide comparable coverage in the amount of at least \$500,000 annual coverage
- Have a deductible or out of pocket expense of \$500 or less per condition
- Not have a waiting period for coverage of a pre-existing condition
- Provide at least U.S \$25,000 for repatriation of remains to the home country
- Provide at least U.S \$50,000 for medical evacuation to the home country if medically ordered
- Treat mental illness as any other illness
- Insurance company must be based outside the U.S.
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Note: This is **not** the UAS Health Center fee which is charged separately and provides access to the Center for medical care. The Health Center fee cannot be waived.

For questions regarding this waiver request form or the insurance policy for F-1 students, contact:

[uas.admissions@alaska.edu](mailto:uas.admissions@alaska.edu)

**PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION**

Waiver request for UAS Student Health Insurance:  Fall 20\_\_\_\_  Spring/Summer 20\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student UAS ID: \_\_\_\_\_ Student email address: \_\_\_\_\_

Local Phone Number: \_\_\_\_\_

**Reason for waiver request (select one):**

- My parent or spouse is living/working in the USA and has medical insurance coverage for me.
- I am a sponsored student and have medical insurance coverage from my sponsoring agency or home government.
- I have insurance coverage from my home country/government, family or spouse.
- Other \_\_\_\_\_

Insurance Information (see Page 1 for insurance requirements)

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy documentation is in English: Yes\_\_\_\_ No\_\_\_\_

Address of Company: \_\_\_\_\_

Start Date of Coverage: \_\_\_\_\_ End Date of Coverage: \_\_\_\_\_

Maximum Annual Coverage: \_\_\_\_\_

Deductible or copay amount per illness/injury: \_\_\_\_\_

Amount of Coverage for Repatriation: \_\_\_\_\_

Amount of Coverage for Medical Evacuation: \_\_\_\_\_

Waiting period for pre-existing conditions: Yes\_\_\_\_ No\_\_\_\_

Mental illness is covered as any other illness: Yes\_\_\_\_ No\_\_\_\_

Customer Service Phone Number: \_\_\_\_\_

Name of Policy Owner (Primary Insured Person): \_\_\_\_\_

I understand that:

- A denied waiver request OR failure to provide complete and accurate information will result in my automatic enrollment in the UAS International student health insurance policy.
- If my insurance coverage ends for any reason, it is my responsibility to notify my school.
- Any medical expenses I incur in excess of my insurance coverage are my responsibility. My school assumes no liability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date