

# International Student Health Insurance Waiver



VIU requires all international students (F-1 visas) to maintain adequate health insurance coverage while enrolled at our University. Students may choose to submit proof of an alternate plan, and the plan is subject to review and approval by the Health Insurance Coordinator. Those who wish to use their own coverage must email, fax, or mail the Health Insurance Coordinator a completed Insurance Waiver Form, proof of coverage. A copy of the insurance plan must be shown by the last day of the add/ drop period each semester.

### Part A-Student Information

Name:	Student ID number:
Local address:	
E-mail:	Local Phone Number:

### Part B-Alternate Policy Information

You must attach a copy of the alternate policy, in English, with the expiration date.

Insurance company name:

Policy number:	Expiration date:     /     /
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**Your plan must clearly meet the standards listed below. Please answer all:**

1. Must be at least a full year coverage, including summer and any periods of authorized work (except for OPT).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Minimum insured amount per person, per trip is \$300,000.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Medical benefit is at least \$50,000 per condition, illness, or injury.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Co-payment does not exceed \$300.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Repatriation benefit is at least \$25,000.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Medical evacuation benefit is at least \$25,000.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Deductible does not exceed \$200 per illness or injury.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Prescription drugs: Paid at 100%.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Agreement

I hereby apply for a waiver of the International Student Health Insurance plan provided through VIU. I understand:

- It is my responsibility to notify the Health Insurance Coordinator if my insurance coverage ends for any reason.
- I must resubmit proof of renewed insurance coverage upon insurance expiration for continued waiver.
- I am expected to resubmit proof of alternate insurance each academic year by the deadline each fall semester.
- In choosing my alternate policy, I am responsible for all medical expenses.

Signature: \_\_\_\_\_

Date:     /     /

For Office Use Only		
Date form and policy received     /     /	Date of verification     /     /	Initials
<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted with supplement	Date INS removed     /     /
<input type="checkbox"/> Denied	Notes:	

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**Deadlines to Submitting Waiver**

You may elect to resubmit and/or upgrade your policy at any time. The deadlines for submitting this form are listed below; however, if you fail to meet this deadline and/or until an acceptable alternate insurance policy is provided, you will be enrolled automatically in the health insurance plan provided through VIU, and your student account will be charged accordingly.

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**Disclaimer**

If you choose to accept the plan that VIU offers, you must pay the cost of insurance per year. If you graduate and wish to terminate your coverage, contact the Health Insurance Coordinator for procedures. This can only be done after you have completed all of your classes.

If you are registered for your thesis class or for an internship, you must have health insurance coverage.

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Return the completed form in person or via email, mail, or fax to:

**Student Health Insurance**  
**Virginia International University**  
**3957 Pender Drive**  
**Fairfax, VA 22030**  
**Fax: (703) 591-7046**  
**E-mail: [HealthInsurance@viu.edu](mailto:HealthInsurance@viu.edu)**