F-1 INTERNATIONAL STUDENT INSURANCE WAIVER FORM

STUDENMUST COMPLETE THIS PORTION OF THE FORM:

USA Jag ID <u>#:</u>	Mail Address:		 _
Name:			
Street Address:			
City, State, Zip Code:		Telephone:	

I have adequate health insurance coverage and request a waiver for the followingester(): Fall Semester Spring Semester Summer Semester

I understand that I must complete a new insurance waiver form each semester or academic year, depending on my private insurance policy coverage dates. I understand that I will be automatically enrolled in the USA Student Health plan and will pay all relevant premiums for the period of time covered untuilSA receives and approves my verification of coverage understand that failure to maintain coverage may be cause for termination of immigration status. I hereby authorize my insurance company to release the following imfration to the University of South Alabama. I further understand that failure to comply with these requirements will result in the cancellation of my participation in the study program.

Student Signature:	Date:
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INSURANCE COMPANY MUST COMPLETE THIS PORTION OF THE FORM:

Name of Insurance Compan <u>y:</u> Mailing address for claims:			
Telephone #	Fax <u>#</u>	<u>E-</u> mail address:	
Sponsor or Policy Holder Name:			
Policy #	_ Group #	Coverage Dates:	

Please verify MINIMUM STANDARDS by checking the appropriate box relative to the coverage provided. ALL of the following criteria MUST be met for the plan to be approved. Please check as appropriate (\code Grage is provided, NOcoverage NOT provided):

- __Yes__No This policy provides both emergency and neonergency health care and mental health cheenefits of at least \$100,000 per accident or illness.
- __Yes__No A deductible no greater than 5\$0 per accident or illness.
- __Yes__No Coverage for repatriation of remains (a minimum of \$25,000 toward such expenses or, if an amount is not specified, the policy must specify coverage/b/reasonable and necessary expenses for repatriation.) b t

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