

International Student Medical Insurance Waiver Request

Deadline: September 9, 2011

If you do not submit this form on or before this date, **you will be charged for UMaine International Student Medical Insurance** even if you have your own, **NO EXCEPTIONS.**

◇ Please Print ◇

Last Name: _____ First Name: _____ UM ID#: _____

All international students and their dependents must have medical insurance. International students will be billed for the *University of Maine International Student Medical Insurance Plan* unless they request a waiver by 9/9/2011.

The *Waiver Request* form allows you to request a waiver of the UMaine plan so you can be covered by your own, alternate insurance. **To be approved, your insurance policy must be valid for one year and must provide at least \$50,000 in basic medical benefits payable in the United States in U.S. funds, \$25,000 for medical evacuation, and \$10,000 for repatriation of remains.**

YOU MUST DOCUMENT YOUR COVERAGE: You must submit with this form proof that you have purchased an alternate insurance and that your insurance policy meets the minimum requirements as shown above. Please use the *Verification of Medical Insurance* form for this purpose. The form must be given (mailed or faxed) to your insurance company. The insurance company must return the completed form directly to the Office of International Programs (fax number 207-581-2920).

Initial each line to indicate that you understand and agree with the rules about alternate insurance coverage:

- I have purchased my own, alternate insurance and wish to waive the *University of Maine International Student Medical Insurance Plan*. My insurance 1) gives medical benefits of at least \$50,000, 2) is payable in U.S. funds, and 3) includes coverage for medical evacuation of at least \$25,000 and repatriation of remains of at least \$10,000.
- I understand that if I have dependents or ever have dependents living in the U.S., they must be covered by my medical insurance.
- I understand that I am required to carry medical insurance coverage for the entire time I remain an international student at the University of Maine.
- I understand that I must request a waiver **EVERY FALL SEMESTER**. A deadline will be set each fall semester (usually three weeks after the first day of classes).

Signature: _____

Date: _____

Submit completed form and proof of alternate insurance to:

Office of International Programs
 5782 Winslow Hall, Room 100
 Orono, ME 04469-5782 - USA
 Questions? Please call (207) 581-2905

<i>For Office Use Only</i>	
Approved	_____
Date	_____
Coverage expiration date	_____
<input type="radio"/> Bursar's	<input type="radio"/> DB