Ivy Tech Community College of Indiana
International Health Insurance Waiver Request Form

Ivy Tech Community College of Indiana requires all students in F-1 or M-1 visa status, and their dependents, to maintain adequate health insurance coverage while at Ivy Tech. To qualify for a waiver from Ivy Tech's mandatory insurance, your alternate insurance must meet the level of coverage described below. **To request a waiver, you must complete the five (5) steps listed below within 10 days of the start of classes:**

Name: _____ ID #:_____
(Family) (Given) (Middle)

Email address: _____ Telephone: _____

1) Enter the coverage amounts provided by your insurance program in the following chart. If your insurance does not meet the stated minimum requirements, your waiver request will not be approved.

Coverage	Required Amount	Your Benefits
Annual limit or maximum per accident and per illness	$100,000 minimum	
Daily minimum inpatient hospitalization coverage	$500 per day minimum	
Maximum deductible	$50 per injury or illness	
Co-insurance portion you are required to pay	Must not exceed 20% (after deductible) of the total charges	
Repatriation of remains	$10,000 minimum*	
Expenses for medical evacuation to home country	$20,000 minimum*	

*If not included in other insurance coverage, student must still purchase Ivy Tech's medical evacuation/repatriation policy.

2) Indicate the dates of your insurance coverage. *Coverage for Fall must be valid from August 15 through January 10, and coverage for Spring/Summer combined must be valid from January 11 through August 14. Waivers cannot be granted for coverage that expires before the end of these periods.*

Dates of Coverage: From: _____ *To:* _____
(Month/Day/Year) *(Month/Day/Year)*

☐ Check here if your insurance coverage is based on employee benefits granted to your parent or spouse.

3) Attach all of the following documentation with this form:
- Proof of your insurance coverage (such as an ID card or letter from insurance company).
- Verification of dates of coverage.
- A description, ***in English***, of the conditions of your insurance coverage. The description must be issued by the insurance company or your parent's or spouse's employer.
- If your insurance is based on employee benefits provided to your parent, documentation verifying the age through which you are eligible for coverage.

4) Sign the following release:

I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at Ivy Tech Community College of Indiana, and that the College will not be responsible for any of my medical expenses. If I lose my medical insurance protection, I will notify my International Student Advisor and make necessary arrangements to join the College-sponsored plan within 30 days.

Signature _____ Date _____

5) Submit this form and required documentation (see Step 3) **within 10 days of the start of classes** to your International Student Advisor. You will be notified if your coverage does or does not qualify for a waiver. If your request is submitted after the waiver deadline, it will be considered for a later semester. If you are unable to arrange for necessary additional insurance by the waiver deadline, you will be enrolled in the mandatory insurance program for the current semester, and you may apply for a waiver for a later semester after you have arranged appropriate coverage.

Please do not write in this box.
Approved: *Denied:*
Date: *Initials:*