# 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 on or before 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 9, and coverage for Spring/Summer combined must be valid from January 10 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) to your International Student Advisor **on or before the start of classes**. 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:*