

## MEDICAL INSURANCE WAIVER APPLICATION

To request a waiver from the University-sponsored medical insurance, complete this form, attach a copy of your alternative insurance policy and send them by **the second week of the semester to:**

Cheri Emch  
International Programs Office  
61 McDonald North  
Bowling Green State University  
Bowling Green, Ohio 43403 USA

**NAME** \_\_\_\_\_ **STUDENT ID** \_\_\_\_\_  
Please print Last name, First name

**LOCAL PHONE #** \_\_\_\_\_ **E-MAIL ADDRESS** \_\_\_\_\_

**LOCAL ADDRESS** \_\_\_\_\_

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\_\_\_\_\_ I understand that all registered (F-1, J-1 visa holder) students, including students registered for coops, internships and dissertations, are required to have U. S. based medical insurance in effect at all times while studying at BGSU. This ensures coverage by local health care providers in the case of unanticipated urgent and emergent medical situations.

\_\_\_\_\_ I request to be exempt from purchasing the University-sponsored medical insurance because I have purchased acceptable insurance from an alternative source, which will remain in effect for my tenure at BGSU. A copy of this policy, written in English, is attached to this waiver application.

\_\_\_\_\_ I understand that I must request an exemption at the beginning of each academic year in which I would like to be exempted.

\_\_\_\_\_ I understand that the alternative policy must meet the following minimum health insurance standards, required by BGSU and/or U. S. Federal law, in order for my waiver request to be accepted. The policy **must:**

- provide at least U.S. \$50,000 coverage per accident or illness
- provide at least U.S. \$7,500 for repatriation
- provide at least U.S. \$10,000 for medical evacuation
- provide a deductible not to exceed \$500 per accident or illness
- be underwritten by an insurance company having a rating of "A-" or "A-1" or better
- treat pregnancy/maternity as any other illness.
- provide at least U.S. \$10,000 coverage for inpatient and outpatient treatment of mental and nervous disorders including drug and alcohol-related conditions

### ALTERNATIVE INSURANCE POLICY INFORMATION (Attach copy of policy)

**Name/address of insurance company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Dates of coverage** \_\_\_\_\_

**Policy is under the following name** \_\_\_\_\_

**Relationship to policy holder (self, spouse, parents)** \_\_\_\_\_

**I have read, understand and agree to the above:**

**Signature of student** \_\_\_\_\_ **Date** \_\_\_\_\_

For Office Use Only

\_\_\_\_\_ Waiver granted. The insurance fee will be deducted from your bursar bill.

\_\_\_\_\_ Waiver denied. You will be billed for the University-sponsored insurance. You are missing the following requirements from your alternative insurance policy: \_\_\_\_\_