

**IUPUI Office of International Affairs  
International Health Insurance Waiver Request Form**

IUPUI requires all students and scholars in F or J visa status, and their dependents, to maintain adequate health insurance coverage while at IUPUI. To qualify for a waiver from IUPUI's mandatory insurance, your alternate insurance must meet the level of coverage described below. **To request a waiver, you must complete five (5) steps:**

Check here if you are renewing this waiver using insurance coverage or plan that was previously approved by Office of International Affairs. If so, please give the dates this was approved: From \_\_\_\_\_ To \_\_\_\_\_

**REQUIRED INFORMATION:**

Name: \_\_\_\_\_  
(First/Given Name) (Middle Name) (Last/Family Name)

University ID #:000\_\_\_\_\_

Date of Birth \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

❶ 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. *Please note that the WISHARD ADVANTAGE program does not meet the requirements for a waiver.*

| Coverage  | Required Amount                          | Your Benefits |
|---|--|---------------|
| Policy lifetime limit or maximum per accident and per illness | \$50,000 minimum                         |               |
| Daily minimum inpatient hospitalization coverage              | \$1,200 per day minimum                  |               |
| Maximum deductible  | \$500 maximum                            |               |
| Co-insurance portion you are required to pay                  | Must not exceed 25% of the total charges |               |
| Reparation of remains   | \$7,500 minimum                          |               |
| Expenses for medical evacuation to home country               | \$10,000 minimum                         |               |

❷ Indicate the dates of your insurance coverage. *Coverage for Fall must be valid from August 15 through December 31, and coverage for Spring/Summer combined must be valid from January 1 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.

- ❸ 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. You may provide your own translation.
  - ✓ If your insurance is based on employee benefits provided to your parent, documentation verifying the age through which you are eligible for coverage.

❹ Sign the following release:  
*I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at IUPUI, and that the University will not be responsible for any of my medical expenses. If I lose my medical insurance protection, I will notify the Office of International Affairs and make necessary arrangements to join the University-sponsored plan within 30 days.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

5 Submit this form and required documentation (see Step 3) **by the first day of classes** to the Office of International Affairs. You will be notified if your coverage 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 (Initials):* \_\_\_\_\_

*Denied (Initials):* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Reason:* \_\_\_\_\_