



Office of International Admissions

**NON-IMMIGRANT STUDENT HEALTH
INSURANCE POLICY WAIVER**

Take to: **Student Accounting
Room 320S**

Fall: _____
Spring: _____
Summer: _____

Student's Last Name

Student's First Name

UHD ID#

I understand that participation in the student health insurance plan is mandatory unless I qualify for one of the reasons listed below. I acknowledge that I have provided written proof of eligibility for the reason as required.

I further certify that I am eligible for this waiver for the indicated reason and that I am voluntarily requesting this waiver. By requesting this waiver, I am releasing the University of Houston-Downtown from any liability as a result of granting me this waiver from the student insurance policy.

___ I am covered under the private health insurance policy which provides at least \$50,000 in benefits for illness or injury for the period beginning _____ until _____.

___ I am covered under the group health insurance policy of a parent, spouse or employer, providing coverage of at least \$50,000 for illness or injury for the period beginning _____ until _____.

Name of Employer: _____ Phone _____

Address _____

___ My government or agency sponsorship provides health insurance of at least \$50,000 in benefits for illness or injury for the period beginning _____ until _____.

___ I have at least \$7,500 in Repatriation or Life Insurance and \$10,000 Medical Evacuation.

___ I will purchase Repatriation or Life Insurance and \$10,000 Medical Evacuation through the University of Houston-Downtown.

___ I am a student at another University System Campus. I have insurance or a waiver at _____ and have shown proof of current coverage/waiver.

UHD International Admissions
Approval Signature

Student Signature

Date

Date



HEALTH INSURANCE

As an International student you are required to carry health insurance providing at least \$50,000 in health coverage and \$5,000 in repatriation coverage for the duration of your studies at UHD.

You will be automatically charged a health insurance fee each semester unless you provide evidence of your own coverage. If you choose to provide your own insurance coverage, you must submit a copy of the policy in English with U.S. dollars as the monetary unit to the Office of Admissions - Coordinator of International Admissions prior to registration each semester.

UHD International Student Health Insurance Guidelines

Nonimmigrant international students will be charged automatically for health insurance until proof of alternate insurance in the form of a letter in English from the insurance company or employer or a copy of their policy is provided. The proof must show the insured's name, date of coverage, with (1) at least \$50,000 in acceptable medical benefits, (2) at least \$10,000 for medical evacuation (3) at least \$7,500 for repatriation, and (4) deductible not to exceed \$500.

If you have insurance from your home country that covers these minimum requirements, you may be eligible for a courtesy insurance waiver.

Courtesy Insurance Waiver Requirements

In order to receive an insurance waiver, you must submit ACCEPTABLE proof of insurance to the Office of International Admissions (Suite N-325) each semester by the waiver deadline (Day of Record). Please see the [Academic Calendar](#) for the official day of record information.

Limitations and exclusions should be verified on any personal health insurance policy you may purchase.

UNACCEPTABLE insurance policies, may include; but are not limited to, excessive pre-existing conditions clause.

Contact the Office of International Admissions with any questions you may have prior to enrolling in any personal length of coverage for some conditions and/ or excessive pre-existing conditions clause.

Contact the Office of International Admissions with any questions you may have prior to enrolling in any personal health insurance plan. Refund requests may not be accepted by an insurance company in the event your waiver request is denied.

How to Request a Waiver

Submit letter from your policy holder, written in English, showing your name, social security number, monetary values in the United States dollars, and the dates of coverage from the beginning to the end of each semester. You must submit a current insurance card that shows that you have coverage. Waiver requests will not be accepted after the Day of Record. You must request separate waiver request for each semester in which you are enrolled in classes: Fall, Spring, Summer I, Summer 9 Week, and Summer II.

UNACCEPTABLE and Late Waiver Requests

Allow plenty of time to verify a personal health insurance policy is ACCEPTABLE prior to enrollment. Failure to submit an ACCEPTABLE waiver request by the day of record will result in automatic enrollment in the Student Accident and Sickness Insurance Plan.

No deadline reminder will be given and no waiver request will be accepted after the day of record and exceptions will not be approved to and UNACCEPTABLE waiver request.