Southern Methodist University

2016 - Fall International Waiver

Southern Methodist University requires all International University students taking one or more credit hours to enroll in the University Student Health Insurance Plan.

1. The insurance premium will be waived for international students sponsored by the United States Government, or a foreign government recognized by the United States of America. Waivers will be based on the government or organization guaranteeing payment of all health care expenses including medical evacuation and repatriation. Documentation including a copy of the U.S. health insurance policy, certificate and Insurance ID card, or guarantee by a foreign government must be presented to the Student Health Center prior to September 7, 2016 to be considered for **fall** 2016. If not received prior to this date, the semi-annual premium will be charged to your SMU account and you will automatically be enrolled in the Student Health Insurance Plan.
2. The insurance premium will be waived for students who provide documentation of comparable U.S. health insurance coverage by a U.S. employer, including international medical evacuation and repatriation, documentation including a copy of the health insurance policy or certificate and Insurance ID card, must be presented to the Memorial Health center prior to September 7, 2016 to be considered for **fall** 2016. If not received prior to this date the semi-annual premium of $1,304.00 will be charged to your SMU account and you will automatically be enrolled in the Student Health Insurance Plan.

Please Print:

Student's Name	Last	First	Middle Initial
SMU E-mail Address (Only)		**Phone** ( )	**Date of Birth** *(mm/dd/yyyy)*
International Student Visa Status ❑ **F-1** ❑ **J-1** ❑ **H-1**		**Student ID #**	

Please complete the entire form. A blank field may result in a denied waiver.

INSURANCE COMPANY INFORMATION

Name of Insurance Company	
Insurance Company Phone Number	

INSURANCE POLICY DETAILS

Student is listed on the policy as:	❑ Primary/Main Insured ❑ Spouse/Domestic Partner ❑ Dependent *If student is not the main insured, provide the name of the individual who is the main insured:*_____ *Date of Birth of Main Insured:* _____/_____/_____
Insurance Policy/Group Number	
Insurance Member ID Number	
What organization provides this Insurance?	❑The **Policyholder's** *(self, spouse or Parent)* **employer** provides the plan. Identify the employer_____ ❑The **student's sponsoring organization** (Embassy) provides this plan. Identify the organization (Embassy) _____ Include a copy of current insurance card and a letter from the sponsoring organization verifying your insurance is part of the programs sponsored package. Sponsoring organizations must be formal government-affiliated programs. ***IF THIS PLAN IS NOT PROVIDED BY ONE OF THE ABOVE APPROVED SOURCES, WE CANNOT APPROVE THIS WAIVER.**

I request a waiver of participation in the University Student Health Insurance Plan. I acknowledge that I am legally responsible for any and all medical expenses during my enrollment at Southern Methodist University and that Southern Methodist University will not be responsible for any medical expenses I may incur. By signing this form, I attest that the information provided about my insurance coverage is true and correct. I also understand that I must maintain insurance coverage throughout the entire term for which I have been granted a waiver. If I fail to maintain the insurance coverage presented with this form, I understand that I may lose my ability to be granted a waiver in the future.

I understand this request is subject to Southern Methodist University approval. If this request is denied or I fail to maintain my approved coverage, I understand that I may be subject to automatic billing of the semi-annual premium for participation in the University Student Health Insurance Plan for the term for which I have applied for a waiver.

The information I've presented here is true and SMU may contact my insurance company for verification.

Student Signature		Date

PLEASE NOTE: Information contained in this waiver is kept confidential and is used only for its intended purpose.

Forward the completed form with supporting documentation. Students must provide copies of their insurance card. (copies can not be made at the Health Center). Students may scan and email, fax or drop in Drop Box inside the lobby of the Health Center. It is the student's responsibility to verify we have received documentation prior to the deadline each semester.

Southern Methodist University
Student Health Center
Insurance Office
3014 Daniel Avenue
Dallas, TX 75205-1434

Fax: (214) 768-2151
Email: studenthealthinsurance@smu.edu

Note: If waiver is approved, the waiver information will be entered administratively in **My.SMU** and the insurance premium will be waived. The status of the student's waiver request will be sent via the student's SMU email account from the SMU Health Insurance Office.