

Edgewood College International Student

Health Insurance Waiver Application

DEADLINES:

Fall Semester – September 1

Spring Semester – February 1

All Edgewood College international students with F-1 and J-1 visas are automatically enrolled in the College's international student health insurance policy through WPS. **To apply for a waiver from the College's insurance policy, you must submit this waiver form *and* a COPY OF YOUR CURRENT INSURANCE CERTIFICATE (including dates and details of coverage) in English to the Center for Global Education by the deadlines stated above. Late and incomplete waivers will not be approved.**

Note: If granted, the waiver will *only* be in effect for the current academic year. This form must be resubmitted for every subsequent year in which you wish to be released from this program.

Waiver forms will be evaluated for comparability by September 15/February 15. On that date, all students holding F or J visas *without* an approved waiver form will maintain enrollment in the College's policy through WPS and will be responsible for full premium payment (billed directly to your student account in the Business Office).

Instructions:

Please answer the following questions to determine if your plan coverage exempts you from enrollment in the College's health insurance policy.

1. I agree to maintain enrollment in my current health insurance policy until at least July 31 of the current policy year.	Yes	No
2. The deductible is no higher than \$500 per person per policy year.	Yes	No
3. Treatment of covered medical expenses up to 80% of \$50,000 per injury or sickness.	Yes	No
4. Coverage for in-patient (hospitalized) <i>and</i> out-patient (clinic, doctor's office) treatment.	Yes	No
5. Minimum provision of \$50,000 for medical evacuation and repatriation.	Yes	No*

*If your current policy does NOT have coverage for medical evacuation and repatriation, you must enroll in the Frontier MedEx Medical Service Assistance Program, which will provide coverage for medical evacuation and repatriation. By completing the information below and signing this form, you will be enrolled in the Frontier MedEx Medical Service Assistance Program starting on September 1 through July 31. You will be responsible to pay \$96 (\$8/month) to cover the cost of this policy. This charge will appear on your Edgewood account.

***If you answered "No" to question 5, sign below. If you answered "yes," proceed to page 2.**

I request to be enrolled in in the Frontier MedEx Medical Service Assistance Program which will provide coverage for medical evacuation and repatriation. I agree to pay the \$8 monthly premium through July 31 of the current policy year.

Student Signature

Date

