

## Health Insurance Waiver Request

Health insurance is mandatory for everyone in F-1 or J-1 status at the University of Missouri – St. Louis. Waivers of this requirement will only be given to students who meet all of the following requirements.

This form must be filled out completely. No section may be left blank. There are six sections.

**DEADLINE: the end of the second week of classes.**

### Section 1 – Personal information

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Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Visa type (circle one):      F1                  J1                  Today's Date: \_\_\_\_\_

### Section 2 – Basis for request

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Check the basis for your waiver request. If none apply, you must purchase the Aetna plan.

I am a J-1 student or scholar staying in the US 1 year or less

My government or scholarship provider directly insures me

I am a student athlete required to purchase insurance for competitive athletics.

I am covered on my parents' or spouse's US employer plan.

note: you will be required to purchase medical evacuation and repatriation insurance from the university.

### Section 3 – Your current health insurance

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Fill in the following details of your insurance coverage. Where applicable, minimum requirements are listed in parentheses. If your insurance does not meet these minimum requirements, you are not eligible for a waiver. You must answer each question.

1. Period of coverage: from: \_\_\_\_\_ to: \_\_\_\_\_  
*your coverage must last at least the period for which you are applying for a waiver; ie, one semester*

2. Total plan coverage: \_\_\_\_\_  
*this is the overall maximum that your insurance company will pay for you*

3. Deductible per accident or illness: \_\_\_\_\_ (cannot exceed US\$500)  
*this is the amount you will be responsible to pay for each accident or illness; if you are required to pay nothing, write "0"*

4. Maximum benefit per accident or illness: \_\_\_\_\_ (must be at least US\$100,000)  
*this is the maximum that your insurance company will pay per accident or illness; if no specific per accident or illness limit is given, write the amount of the total plan coverage*

5. Repatriation coverage amount: \_\_\_\_\_ (must be at least US\$25,000)  
*covers the return of your remains to your home country in the event of your death*

6. Medical evacuation coverage amount: \_\_\_\_\_ (must be at least US\$50,000)  
*covers costs associated with your return to your home country if you become seriously ill*
7. Proof that plan has been considered “essential minimum coverage” by the US Department of Health and Human Services (US employer-based plans and short-term J-1’s are exempt from this requirement)

**Section 4 – Insurance company information**

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Provide details of your insurance company. All fields are required. If you cannot answer all of these questions, you are not eligible for a waiver. To answer some of these questions, you may need to use information from your insurance company’s parent company.

US or Canadian phone number for the company: \_\_\_\_\_

Credit Rating is a score or grade given to an insurance company that describes how strong the company is financially. Legally, it must meet one of the following (please also attach proof of this rating):

- \_\_\_\_\_ “A-“ or better from A.M. Best
- \_\_\_\_\_ “A-“ or better from McGraw Hill Financial/ Standard & Poor’s
- \_\_\_\_\_ “B+” or better from Weiss Research
- \_\_\_\_\_ “A-“ or better from Fitch Ratings, Inc.
- \_\_\_\_\_ “A3” or better from Moody’s Investor Services
- \_\_\_\_\_ Backed by full faith and credit of the home country’s government

**Section 5 – Proof of coverage**

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You must attach proof of insurance and a copy of the policy to this form that show the information you have provided above. If you cannot provide such proof, you are not eligible for a waiver.

**Section 6 – Statement of Responsibility**

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I understand that I have been strongly encouraged to purchase the UMSL Aetna insurance and I am choosing to go against that recommendation. I assume all risks associated with that decision. I also understand that if I become a “US resident” for tax purposes (this is a complicated formula that you can work out with our Nonresident Tax Specialist Jim Webb) I will be legally required to maintain “essential minimum coverage” as required by the Affordable Care Act. Approval of this waiver does not guarantee that I have this legally required coverage and I may be subject to a fine from the US government. It is my responsibility to obtain this information directly from my insurance provider and to maintain coverage during my entire stay in the US.

\_\_\_\_\_  
 Student/Scholar Signature \_\_\_\_\_  
Date

If you have any questions regarding this waiver form, please contact Jennifer Amatya by email  
 ([amatyaj@umsl.edu](mailto:amatyaj@umsl.edu)) or by phone (+1 314.516.5229).

<b>For Office Use Only</b>	
Waiver: ___ denied ___ granted	Notification sent to student on: _____
If applicable, waiver valid to: _____	Signature: _____