



5. 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"*
6. Maximum benefit per accident or illness: \_\_\_\_\_ (must be at least US\$50,000)  
*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*
7. Repatriation coverage amount: \_\_\_\_\_ (must be at least US\$7500)  
*repatriation insurance covers the return of your remains to your home country in the event of your death*
8. Medical evacuation coverage amount: \_\_\_\_\_ (must be at least US\$10,000)  
*medical evacuation insurance covers costs associated with your return to your home country if you become seriously ill*

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#### 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.

Your insurance company's name: \_\_\_\_\_

Their address: \_\_\_\_\_

Their phone number: \_\_\_\_\_

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

Your insurance company's rating: \_\_\_\_\_ Rating given by: \_\_\_\_\_

the rating is a score or grade given to an insurance company that describes how strong the company is financially. To qualify for a waiver, your insurance company must receive one of the following scores: 'A-' or better from A.M. Best, 'A' or better from Insurance Solvency International, or 'A+' or better from Standard & Poor's. You may have to use the information from your insurance company's parent company to answer this information. Additionally, you can find these rankings by going to the websites of A.M. Best, Standard & Poor's, and Insurance Solvency International.

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#### Section 5 – Proof of coverage

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You must attach copies of your insurance card and/or 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.

For more information about the health insurance program at the University of Missouri – St. Louis or to ask questions about this health insurance waiver request form, please visit the website for the office of International Student and Scholar Services at [www.umsl.edu/international](http://www.umsl.edu/international) or contact Keith Southam by email ([southamk@umsl.edu](mailto:southamk@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: _____