



## International Student Health Insurance Waiver Request

### I already have health insurance. How can I waive out of the LewerMark plan?

***You can waive out of the LewerMark plan if you meet one of the three requirements below:***

- 1. Your parent/spouse is employed by a United States based company that provides Affordable Care Act (ACA) compliant coverage that you are covered under.*
- 2. You arrived in the United States with health insurance because you participate in a government exchange student program, such as SACM.*
- 3. You are currently covered by one of your parent's insurance plans from your home country. This plan must meet or exceed the LewerMark plan and be valid in the United States. An emergency-only and/or travel plan will not be accepted.*

### To be eligible to waive out of the LewerMark plan, you must submit your full policy and proof of coverage showing the following requirements are met:

- If submitting a U.S. based insurance policy, it must be Affordable Care Act (ACA) compliant.
- If submitting a non-US based policy, requirements are including but not limited to:
  - » The policy must be written in English and benefit amounts must be in U.S. dollar (USD) currency
  - » Mental Health: 30 visits outpatient, 30 days inpatient
  - » Pre-Existing Conditions: coverage up to the policy max after 6 months
  - » Annual Maximum: \$250,000 USD
  - » A deductible may not exceed \$500 USD
  - » At least \$25,000 USD for repatriation
  - » At least \$50,000 USD for medical evacuation
  - » COVID-19 testing and treatment coverage
  - » If included on group LewerMark plan, coverage for Self-Inflicted injuries

# International Student Health Insurance Waiver Request



Student name (First/Last): \_\_\_\_\_

Name of school: \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_

Student I.D. Number: \_\_\_\_\_

## Reason for waiver request (check one):

- 1. My parent or spouse is living/working in the USA and has medical insurance coverage for me that is Affordable Care Act (ACA) compliant.
- 2. I am a sponsored student and have medical insurance coverage from my sponsoring agency or home government.
- 3. I have insurance coverage from my home country. This plan must meet or exceed the LewerMark plan and be valid in the United States. An emergency-only and/or travel plan will not be accepted.

## Important!

**Insurance plans offered by the following companies will not be accepted in any circumstances to obtain a waiver: HCC, IMG, ISI, ISO, ISP, GBG, PGH, PSI.**

*(Please note: this is only a partial list of plans that are not acceptable waivers).*

## My Current Insurance Plan Information

Name of insurance company: \_\_\_\_\_

Policy or insurance number: \_\_\_\_\_

Address of insurance company: \_\_\_\_\_

Start date of coverage: \_\_\_\_\_ End date of coverage: \_\_\_\_\_

Amount of annual maximum coverage: \_\_\_\_\_

Amount of coverage for repatriation: \_\_\_\_\_

Amount of coverage for medical evacuation: \_\_\_\_\_

Amount of coverage for mental health: \_\_\_\_\_

Coverage for COVID-19 testing and treatment: Y  N

Policy is in English? Y  N

Customer service phone number: \_\_\_\_\_

Name of policy owner (primary insured person): \_\_\_\_\_

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## I understand that:

- A denied waiver request or failure to provide complete and accurate information will result in my automatic enrollment in the LewerMark plan.
- If my waiver request is denied, I will automatically be enrolled in the LewerMark plan.
- If I do not submit all required documents before the deadline, I will automatically be enrolled in the LewerMark plan.
- If I do not provide complete and accurate information in my waiver request, my waiver request will be denied and I will automatically be enrolled in the LewerMark Plan.
- If my personal insurance coverage ends for any reason, it is my responsibility to notify the International Office at my school.
- Any medical expenses I incur in excess of my insurance coverage are my responsibility and my school and LewerMark assume no liability.
- I understand that a waiver request is required to be submitted each academic year.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**To be eligible to waive out of the LewerMark plan, you must email an electronic copy of your full policy and proof of coverage and this completed and signed form to [waivers@lewer.com](mailto:waivers@lewer.com). If you have additional questions about waiving out of the LewerMark insurance plan, please email [waivers@lewer.com](mailto:waivers@lewer.com).**