Mandatory International Health Insurance Waiver Request Form

Name of Student: __________________________________________________________________

AUM ID: __________________________________________________

AUM email address: _________________________________________

Policy Year 20-21. Circle all that apply:          Fall          Spring          Summer

Name of Insurance Company: _________________________________________________________

Policy ID: __________________________________________________________________________

Effective Dates: _____________________________________________________________________


Waiver Standards for International Students and Their Dependents

The Insured Must:

✓ Complete this form & submit a copy of this form along with the documents below to the Program Associate at 109 Administration Building or to the OGI front desk.

✓ Provide proof of insurance: A copy of the insurance card/certificate. If the insurance covers your dependents, their insurance info must also be provided. This must be in English and have U.S. dollar amounts listed for coverage.

✓ If you have a government sponsored or embassy sponsored plan (ex: SACM) you do not need to provide a company signature. This also applies for insurance provided by a domestic employer.

✓ Fall waivers are due no later than August 28th. Note, all previous waivers expire August 15th, 2020 and will need to be renewed.

For international students and their accompanying dependents, a comparable health insurance plan will:

1. US Carrier or entity approved to do business in the USA and ACA compliant;
   I. A policy underwritten by an insurance carrier with any of the following:
      1. an A.M. Best rating of “A-” or above;
      2. a McGraw Hill Financial/Standard & Poor’s Claims paying Ability rating of “A-” or above;
      3. a Weiss Research, Inc. rating of “B+” or above;
      4. a Fitch Ratings, Inc. rating of “A-” or above;
      5. a Moody’s Investor Services rating of “A3” or above;
   2. 100% preventive care (Preventive examinations, immunizations and screening tests, as required by the ACA);
   3. Coverage for both accident and sickness at the rate of no less than 80% for in-network charges and 60% for out of network charges;
   4. Coverage for pre-existing conditions with no waiting period;
   5. Deductible no greater than $250 for in-network charges and $500 for out of network charges;
   6. Coverage for all essential benefits without a limitation;
7. Pregnancy as any other illness or injury;
8. Unlimited annual benefits;
9. Inpatient and outpatient mental health/substance abuse as any other condition;
10. No exclusions for injury or illness as a result of alcohol, drugs or attempted suicide;
11. Prescription drug coverage with unlimited annual benefits;
12. $7,150 In-Network out-of-pocket maximum;
13. OR U.S. employer sponsored health insurance in place of standards 1-13;
14. And Medical evacuation ($100,000/Repatriation ($50,000) limits; if your employee plan does not have this element we must enroll you in our repatriation only plan.

To be completed by the insurance company:

Circle One:

Yes, our policy does offer coverage for each of the stated items 1-14 and meets the equal to or greater than standard when compared to the UHCSR policy provided by Auburn University.

No, our policy does not offer equal to or greater than coverage.

Representative Signature: __________________________________________________

Representative Name Print: _________________________________________________

Title: _________________________ Contact Phone Number: _______________________

Date: _________________________

My comparable health insurance coverage will remain in force throughout the 2020-2021 academic year (August 16, 2020 - August 15, 2021). The coverage must be effective on the Auburn University student health insurance plan effective date or the effective date of arrival to the United States (which ever date is later).

The waiver applicant must understand that they are responsible for payment of all fees for medical and mental health treatment not covered by their health insurance plan (including but not limited to deductibles, copays, coinsurance and the expenses above my policy maximums and benefit limits.) They must understand that some health facilities, including University Health Services, may require payment at the time treatment is provided.

Student Signature: _________________________ Date: _________________________

Printed Name: __________________________________________________________________

Please turn in completed form and attached documentation to the OGI front desk, 109 Admin Building or email to: Global@aum.edu.