



## International Student Health Insurance Waiver

### 2016-2017 Academic Year

**All international students are required to purchase the MTSU Student Health Insurance Plan as a condition of enrollment.** Exceptions may apply for international students who are covered under a government sponsor, select international organization, as a US-based employee, or as a dependent of a US-based employee.

In order to **WAIVE OUT** of the University-sponsored health insurance plan, **international students must complete this waiver form and turn it into the Office of International Affairs during the first two weeks only of the term.** The deadline for the fall 2016 semester is **Friday, September 2<sup>nd</sup> at 4:30 PM.** Failure to submit a complete waiver application will result in automatic enrollment in the MTSU Student Health Insurance Plan, and the charge for the Plan will appear as a line item on your account statement.

Return the completed form **with:**

- 1) A copy of your health insurance ID card or written verification of coverage/policy;**
- 2) A copy of the complete health insurance policy; and,**
- 3) A copy of your immigration papers, i.e. I-20 for F-1 visas, DS-2019 for J-1 visas; to International Affairs.**

**I acknowledge that by submitting this form, I am waiving out of the Middle Tennessee State University Health Insurance Plan.**

**In addition, I hereby certify:**

1. I understand that I am eligible for the Student Health Insurance Plan offered by the Middle Tennessee State University.
2. The plan named below is equivalent to or better than the MTSU Student Sponsored Insurance Plan for my own private insurance needs.
3. I understand that I am required to keep my insurance coverage up to date as long as I am at MTSU and I agree to maintain my insurance coverage continuously.
4. I will be solely responsible for all medical expenses, and neither Middle Tennessee State University nor the MTSU Student Sponsored Student Health Insurance Plan, will be held responsible for any medical expenses that I incur.

I understand that information provided herein is confidential and will be used for the sole purpose of documenting my decision to waive the MTSU Student Health Insurance. Furthermore, that this information will not be made available to any third party outside MTSU's Office of International Affairs and the MTSU Student Health Services.

I am also granting MTSU or its agent the permission to verify this information through an auditing process. I understand that all waiver approval or denial decisions are made in the sole discretion of the IA office. If it is determined that the information provided on this form is invalid, I understand that I will be enrolled into and billed for the MTSU Student Health Insurance Plan for that term and for future, subsequent terms.

Name of Insurance Company _____
Print Name _____
Signature _____
Date _____

**PLEASE PRINT LEGIBLY**

Student ID # _____				____/____/____ Today's Date	
Student's Last Name _____		First _____	Middle _____	____/____/____ Date of Birth	
Address _____		Apt. # _____	City _____	State _____	ZIP _____
MTSU Email _____			Telephone ( ____ ) ____ - ____		

✕ \_\_\_\_\_  
**Student's Signature** **Date**

©**Attach a copy of your health insurance ID card; policy and I-20 or DS-2019.**

**FOR OFFICE USE ONLY**

Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_ Denied ☐ Approved ☐ N/A ☐ By \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason \_\_\_\_\_