Medical Insurance Plan WAIVER REQUEST FORM STATE UNIVERSITY OF NEW YORK

	FOR CAMPUS USE ONLY
	Validation & Rider Verification zed Initials
Date:	

- 	onal Student and Scholar Pr Student, Faculty, Staff and					
Last Name		First M.I.		Campus		
Social Security Number				Student ID Number		
I have read the description of the SUNY International Student and Scholar Health Insurance Plan. I elect to waive my right to participate in this plan because I have comparable worldwide major medical insurance coverage. I understand that I must purchase the medical insurance coverage as follows, and proof is attached:						
Insurance Company				Certificate/Policy Number/Group Number		
I therefore, waive the coverage provided by the State University of New York for:						
	Medical benefits only	al evacuation/repatriation policy				
☐ Year	☐ Fall Semester	☐ Spring Seme	ster	☐ Summer Semester		
	Student Signature		Date	Parent/Guardian Signature		
After validation, please retain the PINK COPY for your records.						

The following is a brief summary of coverages. For a complete description, please refer to your Health Insurance Office.

Accidental Death & Dismemberment: (full amount for death, lesser amount

\$10,000 Students

for dismemberment)

\$5,000 Dependents

Medical Evacuation and Repatriation Benefits:

Unlimited (arranged and paid for by MEDEX- Benefits Over \$10,000 are payable by MEDEX Assistance Corporation, not the insurer)

- Major Medical Expense Benefit: Up to \$100,000 (\$55,000 for dependents) lifetime maximum for each covered accident or sickness for covered hospital, surgical, or medical expenses incurred while the term insured. Some vital features of this benefit are:
- There is a \$100 dollar deductible for each accident or sickness (\$50 deductible for dependents). The deductible will be waived if the first treatment for an Injury or Sickness is received at a campus student health center or if the student is referred from the health center to an off-campus medical provider. The deductible will also be waived for emergency hospitalization or medical care when the health center is not available and the student is in severe pain and/or delay in receiving immediate medical care that could result in placing the student's health in serious injury.
- Maternity: Pregnancy expenses for student or employees are payable on the same basis as a sickness but voluntary abortion is not covered except as provided in (3) below. Pregnancy expenses for dependents are covered, subject to certain restrictions stated in the policy.
- Pays up to \$500 for a voluntary abortion. 3)
- 4) Surgical expense is payable subject to the limits of the Policy.
- Pre-existing conditions are covered, for students. A waiting period applies to the dependents. 5)
- Statutory coverage provided for Home Health Care and Outpatient Alcohol and Substance Abuse Treatment. 6)
- Emotional and mental disorders: in-patient payable at 80% to 60 days lifetime benefit. Outpatient treatment limited to \$2,000 per policy year.