



HEALTH INSURANCE WAIVER FORM – International Students

International students must have insurance coverage from a United States-domiciled insurance company and the plan must meet the minimum insurance criteria established by United States federal government regulations. **Proof must be in the form of a statement of coverage (IN ENGLISH) for the applicable academic period and submitted to Health Promotion Service Office (UC 201).** If the coverage is deemed acceptable, the student’s account will be credited accordingly within 2 to 3 business days.

Health Insurance Waiver Criteria

- Medical benefits of at least \$100,000 per accident or illness.
- Deductible no greater than \$500 per accident or illness.
- Medical evacuation minimum of \$10,000 in coverage.
- Repatriation minimum of \$7,500 in coverage.
- Pre-existing conditions must be covered after a reasonable waiting period.
- Includes provision for co-payment that does not exceed 25%.
- Coverage cannot exclude benefits for perils inherent to the activities of the program in which the visitor participates.
- Policy must be underwritten by a United States-domiciled (United States-based) insurance company.

Subscriber Name _____ Student ID _____

Student Email _____ Health Insurance Company _____

Insurance phone number _____ Group policy _____

Student signature _____

If my waiver is approved! *I release the University of San Francisco, its directors, officers, employees and agents for any and all liability, including any and all claims, demands, causes, of action (known or unknown), suits, or judgments of any and every kind that I may suffer as a result of my waiving the USF-sponsored plan described above.*

OFFICE:

- Approved _____
- Denied _____
- HPS staff signature _____

USF Health Promotion Services office reserves the right to verify the information you have provided throughout the waiver period.