HAMLINE UNIVERSITY

International Student Health Insurance Waiver: 2011-2012

Family (Last) Name	Gi	ven (First) Name
Hamline ID		
CHECK ONE OF THE BO	OXES BELOW:	
Undergraduate Student (D *Eligible only if student has of this form (Signature is reg	government provided internation	onal insurance that meets the requirements on page 2
*Signature of Director – Inte	ernational & Off Campus Prog	rams
*Eligible only if student has requirements on page 2 of th		ance from their home university that meets the vided international insurance that meets the
*Signature of Director – Inte	ernational & Off Campus Prog	rams
*Eligible only if student has requirements on page 2 of th	iis form, or (b) government pro iis form, or (c) personal insura	or Exchange Student): ance from their home university that meets the vided international insurance that meets the neet that meets the requirements on page 2 of this form
SELECT TERM(S) FOR V	VHICH YOU ARE REQUES	TING A WAIVER:
Semester based programs ((all programs except MBA):	
Fall Term Coverage	Spring Term Coverage	-
Trimester based programs	(i.e. MBA):	
Fall Term Coverage	Spring Term Coverage	Summer Term Coverage

You must carefully review yo	our own insurance policy to	ensure that your policy m	eets ALL requirements listed
below. If your insurance doe	s not meet all requirements,	supplemental insurance r	nust be purchased or you will
not be ineligible for a waiver.	Sign your initials on each	line below as verification	on that your insurance policy
meets EACH REQUIREMI	ENT:		
I verify that I have in	surance that covers medical	benefits of at least \$50,	000 per person per accident
or illness.			
I verify that I have in	surance that covers repatria	ntion of remains in the a	mount of at least \$7,500.
I verify that I have in	surance covers expenses ass	ociated with medical eva	cuation in the amount of at
least \$10,000.			
I verify that I have in	surance that does not have	a deductible that exceed	s \$500 per accident or illness.
I verify that I current	y maintain insurance and w	ill continue to maintain ir	surance coverage that meets
the requirements above for the	ne duration of my academi	c program at Hamline U	Iniversity.
I request and authorize Hamli	ne University to waive the 1	mandatory international so	udent health insurance
premium from my student acc	count for the 2011-2012 aca	demic year. I will hold H	amline University blameless for
any medical expenses not cov	rered in whole or in part by	my policy provider. Ham	ine University makes no claim
	or indicates whether any hea	alth care provider will acc	ept said policy as payment for
services rendered.			
I fully understand all of the al	pove, and my consent on thi	s form is freely given.	
Student Signature			Date
Note that the waiver must be	requested within two week	s of the start of each fall	<u>term</u> . No waiver will be carried
over from one academic year	to the next. (e.g. if you giv	e the office a waiver in M	lay you must submit another
waiver in late August prior to) the start of the fall term a	nd new academic year)	
*Attachment: You must attac	ch a copy of your insurance	card and proof of policy	coverage being used in lieu of
Hamline University policy. S	ubmit all documents to the	International and Off Co	umpus Programs office.