

## **Health Insurance Waiver Form**

Submit form via email to: [insurance@ufic.ufl.edu](mailto:insurance@ufic.ufl.edu)

It is a **Florida State University System's Board of Governors (BOG)** requirement that all international students have health coverage at all times while in the United States. If you are going to be in the United States for any part of a term, you must be covered by health insurance for that entire term. This is also for your benefit, as the cost of minor health problems can be far greater than the cost of health insurance. Please read, complete and email this form to the above email address.

_____ Last Name	_____ First Name	_____ UFID	_____ Telephone Number
_____ E-Mail	_____ College	_____ Major	_____ Degree Level

### **SELECT ONLY ONE OF THESE OPTIONS TO REQUEST A WAIVER FOR THE SUMMER TERM**

- ☐ **Option 1: If you expect to graduate in the Spring term:** your Academic Department official and you must complete the first section of this form. In this case, ***your I-20 will be shortened to the expected graduation date.***

**For the ACADEMIC ADVISOR, GRADUATE CHAIR, DEAN, etc. to complete:**

I confirm that the above mentioned student is expected to complete all degree requirements and GRADUATE in the SPRING \_\_\_\_\_ semester.

\_\_\_\_\_  
Academic Department Official's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Department Official's Name

\_\_\_\_\_  
Telephone Number

**For the student:**

I understand my I-20 will be shortened to the expected graduation date. If I do not graduate, it will be my responsibility to request an I-20 extension prior to the expiration date. I will be required to provide proof of funds and of insurance at the time I request the I-20 extension.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

- ☐ **Option 2: If you do not expect to graduate in the Spring term, but will not be in the US during the Summer term:** you, as the student, must complete this section of the form. You must also provide a copy of your flight itinerary showing that you will not be in the U.S. during the summer period. Please refer to [ufic.ufl.edu/ISS/insurance.html](http://ufic.ufl.edu/ISS/insurance.html) for the summer dates.

By signing this form, I confirm that I will NOT be in the United States during the ENTIRE SUMMER semester. I am providing a copy of my flight itinerary with this form.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date