



Health Insurance Office  
ihi@umich.edu

# International Health Insurance Waiver Request Form

(Students on OPT should use the OPT Insurance Waiver Form)

The purpose of this form is to request cancellation of your International Health Insurance because you have other insurance that meets UM insurance requirements.

**Complete this form** & submit with below documents in person to the International Center Insurance Office, or scan & email to [ihi@umich.edu](mailto:ihi@umich.edu).

**Proof of Insurance:** A copy of your **insurance card/certificate** or **insurance contract**. If your insurance plan covers your dependents, please also attach proof that they are covered by the plan.

A copy of your **insurance plan booklet** in English. This information should include the **specific details** of your insurance coverage, including any **restrictions, limits, or exclusions in your coverage** while you are in the U.S..

Requests are usually evaluated within two weeks. You will receive email notification at **your UM email** once your request is approved or denied.

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>UM I.D. #</b>
<b>INSURANCE COMPANY:</b>		<b>POLICY NUMBER:</b>

<b>WAIVER START DATE:</b>		<b>WAIVER END DATE*:</b>	<b>8/31/2015</b> <i>or</i> program end date (if earlier):
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\*Note: all waivers expire on August 31, and must be renewed each September.

## CHECK BELOW ONLY IF YOUR INSURANCE PROVIDED BY:

**A SPONSOR** NAME OF SPONSOR \_\_\_\_\_

**A FAMILY MEMBER**

<b>FAMILY MEMBER NAME</b>	<b>RELATIONSHIP</b>	<b>UM I.D. #</b> (if UM employee)

<b>SIGNATURE</b>	<b>DATE</b>

For Office Use Only:

**APPROVED**

**DENIED**

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_ Documents:  Attached  Imaged  None

Rev 09/2014