

Student Health Insurance Exemption Request

This form is for **international students** requesting an exemption from the student health insurance plan (SHIP). Any student who is sponsored by their government is eligible to apply for an exemption from the SHIP. **Exemption applications and documentation must be submitted each academic year by the deadline.**

Fall Deadline: September 7, 2018 Spring Deadline: January 25, 2019

CONTACT INFORMATION:

USciences Student ID: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Academic Status: Undergraduate Graduate Domestic International

USciences Email: _____ Cell Phone: _____

REASON FOR EXEMPTION REQUEST (PLEASE SELECT ONE):

My government embassy covers all health care expenses.

Please include: Letter from embassy Copy of insurance card (FRONT & BACK)

Other: _____

SHAC STAFF USE ONLY

TYPE: International Student Exemption Returning Student Exemption

DOCUMENTATION: Insurance Member ID Card Insurance Policy Details Letter from Embassy

STATUS: Documentation Needed Referral Contact Student

NOTES: _____