

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 9, 2016

Spring Deadline: January 27, 2017

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: _____