

Student Health Insurance Exemption Application

University policy requires International F1 Visa students to enroll in the USciences Student Health Insurance Plan (SHIP) each semester in attendance, regardless of credit load. Any international student sponsored by their government or with a U.S. based health insurance plan with comparable coverage is eligible to apply for an exemption from the SHIP. The comparable coverage requirements can be found online at uscience.edu/insurance under “Waivers.”

Fall Deadline: September 11, 2020 **Spring Deadline:** January 29, 2021

STUDENT INFORMATION

First Name: _____ Last Name: _____

Student ID#: _____ Date of Birth: _____

USciences Email: _____

EXEMPTION DOCUMENTATION (Please select one AND provide the listed documentation)

- My government covers all health care expenses.** Please provide:
 - Copy of health insurance member ID card (front & back)
 - Letter from Embassy

- I have a U.S. based health insurance plan with comparable coverage.** Please provide:
 - Copy of health insurance member ID card (front & back)
 - Copy of your benefits – a listing of all of the health care services covered by your health insurance plan and is typically located on the health insurance company’s website

BY SIGNING BELOW, I CERTIFY THAT:

- I have read and understood the contents of this form
- The information and documents I have provided are true
- My exemption request is not guaranteed approval
- I am responsible for the insurance premium if my exemption request is not approved

Signature: _____

Date: _____

PLEASE RETURN THIS FORM AND ANY DOCUMENTATION BY THE DEADLINE TO THE HEALTH INSURANCE COORDINATOR: MS. ALICIA C MILLER, MPH, CHES© | (E): A.MILLER@USCIENCES.EDU | (F) 215-596-7576 | 600 SOUTH 43RD STREET; BOX 23; PHILADELPHIA, PA 19104 | WHITECAR HALL, SUITE 1200 |

