

INTERNATIONAL STUDENT AND J-1 SCHOLAR WAIVER APPLICATION

2019-2020 POLICY YEAR



All International Students and J-1 Scholars are required to have UW System approved health insurance coverage. International students and J-1 Scholars must purchase the Student Health Insurance Plan (SHIP) for themselves or file a qualifying waiver. **Waivers will only be approved for International Students and J-1 Scholars who meet one of the criteria listed under the INSURANCE SECTION on this Waiver Application. Individual and private insurance plans (including Marketplace plans) DO NOT qualify for a waiver.** Qualifying waivers must be filed with the campus by the established campus deadlines. All completed Waiver Applications must be submitted on an annual basis, along with a copy of the front and back of the health insurance ID card and/or written verification of coverage.

PLEASE PRINT LEGIBLY

(Select) <input type="checkbox"/> International Student <input type="checkbox"/> J-1 Scholar <input type="checkbox"/> ESL Student				
UW System Campus				
University ID Number		First Name	Middle Initial	Last Name
Local Address	Apt. Number	City	State	Zip Code
E-mail Address:	Contact Phone	Birth Date (month/day/year):	<input type="checkbox"/> Female <input type="checkbox"/> Male	

INSURANCE SECTION (to be completed by all applicants)

I certify that I satisfy one of the following criteria (**A, B, C** or **D**) and that insurance coverage will remain in effect through the current semester, academic year, or DS-2019 end date:

A. I am covered by a US-based group health plan (including through campus employment) as an employee or dependent of an employee:

Name of Employer: _____ Name of Insurance Plan: _____

B. I am studying or researching outside the United States (Campus verification required)

C. My visa is issued by another educational institution or employer in the U.S. (I-20 or DS-2019 verification required)

D. I am covered under one of the following organizations which has an active waiver agreement with the UW System:

- | | | |
|--|--|---|
| <input type="checkbox"/> Norwegian National Insurance Scheme (HELFO) | <input type="checkbox"/> Royal Thai Embassy (OEA) | <input type="checkbox"/> Student Scholarship Program (SSP) of SABIC |
| <input type="checkbox"/> Saudi Arabia Cultural Mission (SACM) | <input type="checkbox"/> University of Southampton | <input type="checkbox"/> KAUST Gifted Student Program |
| <input type="checkbox"/> Embassy of Oman Cultural Division | | |

Please note that this Waiver Application cannot be accepted unless accompanied by a copy of the front and back of the health insurance ID card and/or written verification of coverage. I acknowledge that by submitting this form, I am waiving out of the SHIP and understand that my campus may verify this information through an auditing process.

X _____
Student/Scholar Signature of Understanding
Date (month/day/year)

THIS SECTION - FOR CAMPUS USE ONLY

<input type="checkbox"/> Waiver Denied (Student/Scholar notified)	<input type="checkbox"/> Waiver Accepted	Waiver Effective Date:	Waiver End Date:
<input type="checkbox"/> Received by (Campus Staff Name):		Waiver Received Date:	