

International Student Insurance Waiver Form

Student Name:		
Home Street Address:		
City:	State:	Country:
Phone:	Email:	
I will be enrolled at Augsburg University: Yes: No:		
From (date):		To (date):

Insurance Plan Information

Sponsor or Policy Holder Name:	
Policy Number:	Policy Expiration Date:
Insurance Co. Name:	
U.S. Address (required):	
U.S. Phone # (required):	
Email:	Fax:

Please check yes or no to the following based on your policy coverage:

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| Yes | No | This policy provides coverage for the above period of education/enrollment. |
| Yes | No | This policy covers the student named above for accident/illness incurred outside the participants home country. |
| Yes | No | This policy provides a maximum equal to or greater than \$250,000 for each accident/illness. |
| Yes | No | This policy's deductible will not exceed \$500 per accident or illness. |
| Yes | No | This policy does not include any co-insurance cost sharing. |
| Yes | No | Coverage for Repatriation of remains is equal to or greater than \$25,000. |
| Yes | No | Medical Evacuation coverage is equal to or greater than \$50,000. |
| Yes | No | The policy meets pre-existing conditions language set forth by USIA for those on a J Visa. |
| Yes | No | Other than Psychotherapy and Dental Treatment, are there any other internal plan limitations?
If answered yes, please list all limitations on a separate sheet. |

The undersigned certifies that all information contained herein is true. Failure to provide correct information will result in a hold being placed on the undersigned's record.

Student Signature: _____

Date _____ Phone _____ Email _____

This form must be accompanied by a copy of your current insurance plan, ID Card and proof of coverage for the corresponding semester and/or school year.