

**International Student & Scholar Services**website augsburg.edu/iss *email iss@augsbu.edu*phone 612-330-1659 *campus box 68*

location Oyaté Commons, Christensen Center

**AUGSBURG**  
UNIVERSITY

## International Student Insurance Hard Waiver Form

Students must provide the following information as well as 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.

ISSS will only approve use of a different insurance and waive the GeoBlue Coverage if the coverage on your plan is significantly better than the Augsburg International Student's Plan.

### Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Augsburg ID \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I will be participating in educational activities at Augsburg University during the following dates: *Note: mm/dd/yyyy*

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Insurance Plan Information

Sponsor or Policy Holder Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Expiration Date \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_

U.S. Address *required* \_\_\_\_\_U.S. Phone Number *required* \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

### Plan Coverage Information

Please check Yes or No to the following based on the policy coverage:

- |     |    |   |
|-----|----|---|
| Yes | No | This policy provides coverage for the above period of education   |
| Yes | No | This policy covers the student named above for accident/illness incurred outside the participant's home country |
| Yes | No | This policy provides a maximum equal to or greater than \$250,000 for each accident or illness                  |
| Yes | No | This policy does not include a deductible   |
| 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 on a separate sheet and attach internal plan limitations.*

*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 \_\_\_\_\_

I have attached the following documents:

a copy of your current insurance plan, ID Card and proof of coverage for the corresponding semester or school year.