





## International Student Health Insurance Waiver Request Form

Please complete this form if you hold an alternate medical insurance policy other than the mandatory policy offered through the University. In order for your waiver request to be approved, you must have medical insurance that is comparable to the medical insurance that Golden Gate University provides. Requests for a waiver must be submitted and approved before you are able to register for classes. A request for waiver of the University's insurance policy must be submitted **each term** in which you enroll for classes at Golden Gate University unless you provide proof of coverage for a longer period of time.

**Please attach a copy of your insurance policy - including a description of coverage, limits and exclusions, and documentation of the dates of coverage (i.e., insurance card). The policy must be written in English and the policy coverages must be stated in U.S. dollars**

Student Name: \_\_\_\_\_ Waiver Request From \_\_\_\_/\_\_\_\_/\_\_\_\_ / to \_\_\_\_/\_\_\_\_/\_\_\_\_ /  
(mm/dd/yy) (mm/dd/yy)

GGU ID Number: \_\_\_\_\_ Academic Status: Undergraduate Graduate Law

Current Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy Number/Type: \_\_\_\_\_

Date Coverage Begins: \_\_\_\_\_ Date Through Which Coverage Has Been Paid: \_\_\_\_\_

Did you purchase this policy for yourself or are you covered as a dependent on your spouse's or parents' policy?

Purchased for self: [ ]

Covered as a dependent: [ ]

Please indicate the following (for definitions of terms used below, please see reverse of this page):

Annual Deductible: \_\_\_\_\_ (in U.S. dollars)

Per Illness/Injury Deductible: \_\_\_\_\_ (in U.S. dollars)

Per Illness/Injury Maximum: \_\_\_\_\_ (in U.S. dollars)

Major Medical Maximum (Lifetime) Benefit: \_\_\_\_\_ (in U.S. dollars)

Co-payment Percentage: \_\_\_\_\_ %

Please indicate the name, address, and telephone number of the claims office in the U.S. (if available), or the insurance company in your home country.

Claims Office: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Please read and sign the following:**

*The information that I have provided about my health insurance provider is true, correct and complete to the best of my knowledge. I understand that alternate insurance policies are approved for limited periods, and that previous waivers of the policy offered through GGU do not guarantee future waivers*

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

***For International Admissions and Advising (IAA) Use Only***

Waiver approved Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Waiver denied because \_\_\_\_\_

**Medical Evacuation and Repatriation  
Benefit Information**

*Golden Gate University (GGU) requires that all international students requesting a health insurance waiver provide proof of comparable insurance coverage. However, many domestic plans do not offer medical evacuation and repatriation benefits. In order for a waiver request to be approved, the following information must be read and signed by the student.*

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**Medical evacuation and repatriation benefits are specifically designed to aid international students under extreme medical circumstances.** In the event that a student is unable to continue an academic program as the result of a covered injury or sickness, having medical evacuation insurance would provide coverage for the student's transportation back to his/her home country. In the event of the death of an insured student, having repatriation insurance would provide coverage for preparation and transportation of remains back to his/her home country.

Golden Gate University's health insurance program currently contains both medical evacuation and repatriation benefits. If you are requesting a waiver of GGU health insurance coverage, please consult your insurance company's summary of benefits and complete the following information. **Note: J-1 Exchange Visitors and their dependents MUST have medical evacuation and repatriation insurance for a waiver request to be approved, as it is part of the legal requirements for their exchange program.**

Please initial the appropriate boxes:

- My current insurance plan provides medical evacuation and repatriation benefits.
- My current insurance plan does not provide medical evacuation and repatriation benefits.
  - I have purchased separate medical evacuation and repatriation coverage through Somerton Student Insurance at Golden Gate University.
  - I will not purchase separate medical evacuation and repatriation benefits. I understand the potential consequences of not having these benefits and I understand that Golden Gate University will not be responsible for covering costs in the event that medical evacuation or repatriation become necessary.

*Please sign below indicating that you have read and understand the information provided about medical evacuation and repatriation benefits.*

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Student/Exchange Visitor Signature

Date

**Some Common Health Insurance Terms**

Co-payment - The portion of the medical costs that the patient is responsible for paying. (For example, International Group Services requires a \$20.00 ‘Co-payment’ for most services - payable at the time of service.) Some insurance companies define a ‘percentage’ instead of a set dollar fee for the co-payment (i.e. the patient will pay 25%, the insurance company pays 75%).

Deductible - The amount of money that the patient is responsible for paying before the health insurance will begin covering services.

Maximum - The limit (most) that the health insurance company will cover for the insured person.

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Health Insurance Waiver Requirements

	YES	NO
1. There is a \$100,000 maximum per covered injury or sickness?	<input type="checkbox"/>	<input type="checkbox"/>
2. There is an annual deductible of \$150 per policy year?	<input type="checkbox"/>	<input type="checkbox"/>
3. The policy is written in English?	<input type="checkbox"/>	<input type="checkbox"/>
4. The policy is denominated in US Dollars?	<input type="checkbox"/>	<input type="checkbox"/>
5. The benefits are payable at least 70%?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the policy term clearly stated?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the form completed (has the student signed the form)?	<input type="checkbox"/>	<input type="checkbox"/>