

Applying for an International Health Insurance Waiver

Dear International Student:

In order to ensure that all F-1 and J-1 students at Golden Gate University have adequate health insurance coverage during their studies in the US, International Admissions and Advising Services has revised its current health insurance waiver program for the 2005 – 2006 academic school year.

Students who have health insurance coverage that is comparable to GGU's 2005 - 2006 international health insurance plan will be eligible to submit a waiver form. In order to be considered for a health insurance waiver you must submit the following to our office BEFORE registering for courses:

1. A Health Insurance Waiver Form *(to be completed by both you and your insurance provider)*
2. A copy of your health insurance card

Requests for health insurance waivers will be judged on the following criteria. *These criteria have changed from the previous term, so please review them carefully.* They reflect the coverage provided by the new GGU health plan:

1. The policy has an annual deductible not to exceed \$150 per year. Policies with "per incident" deductibles cannot be approved for a health insurance waiver.
2. The policy covers at least \$100,000 per injury or sickness.
3. Benefits are payable at least 80% when treated by an in network provider.
4. An out of pocket maximum for most medical conditions of no greater than \$2,500.
5. The plan may not contain specific limitations for the treatment of medical conditions relative to standard hospital or outpatient care. Examples include hospital room & board, x-ray & lab, and surgery.
6. The policy must be written in English and the policy coverage must be stated in US dollars.

In order to receive a waiver, your policy must meet these requirements. **Waivers that were previously approved may not be eligible for a waiver this term. Also, waiver for this term does not guarantee waiver for future terms**

Requests for health insurance waivers will be reviewed at the time you submit them to International Admissions and Advising Services.

All international students will be required to enroll in the GGU health insurance plan or submit and be approved for a health insurance waiver **BEFORE** registering for courses.

If you have additional questions, please contact International Admissions and Advising Services at: 415-442-7290 or iss@ggu.edu.

Sincerely,

International Admissions and Advising Services

We encourage students to submit their waiver applications as soon as possible in order to prevent delays in registration. Please bring in your applications today!

GGU International Student Health Insurance Waiver Request Form



Please submit this form to your insurance representative or sponsor 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, your insurer must affirm that the medical insurance is comparable to the medical insurance that Golden Gate University provides. The waiver must then be directly mailed or faxed to International Admissions and Advising Services.

Student Section

FIRST NAME _____ LAST NAME _____
 GGU ID Number (required) _____ Academic Status: Undergraduate Graduate Law
 CITY _____ STATE _____ COUNTRY _____
 PHONE _____ EMAIL _____

Check the box at the bottom of the chart if a waiver is requested for that term.

	Fall I (5 months)	Fall II (4 months)	Spring (5 months)	Summer I (3 months)	Summer II (4 Months)	Summer III (2 months)	Summer IV (3 months)
Start Date	8/1/2005	9/1/2005	1/1/2006	5/1/2006	5/1/2006	6/1/2006	6/1/2006
End Date	1/1/2006	1/1/2006	6/1/2006	8/1/2006	9/1/2006	8/1/2006	9/1/2006
Waiver Requested							

I hereby authorize my insurance company to release the following information to Golden Gate University

Signature _____ Date _____

>>This section of the form is to be completed by your insurance representative or insuring sponsor<<

SPONSOR or POLICY HOLDER NAME _____
 POLICY # _____ POLICY START DATE _____ POLICY EXPIRATION DATE _____
 INSURANCE CO. NAME _____
 US ADDRESS (required) _____
 US PHONE # (required) _____

Please respond to the following based on policy coverage:

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | This policy provides coverage for the above period of educational activity. |
| <input type="checkbox"/> | <input type="checkbox"/> | The policy has an annual deductible not to exceed \$150 per year. Policies with "per incident" deductibles cannot be approved for a health insurance waiver |
| <input type="checkbox"/> | <input type="checkbox"/> | The policy covers at least \$100,000 per injury or sickness. |
| <input type="checkbox"/> | <input type="checkbox"/> | Benefits are payable at least 80% when treated by an in network provider. |
| <input type="checkbox"/> | <input type="checkbox"/> | An out of pocket maximum for most medical conditions of no greater than \$2,500. |
| <input type="checkbox"/> | <input type="checkbox"/> | The plan may not contain specific limitations for the treatment of medical conditions relative to standard hospital or outpatient care. Examples include hospital room & board, x-ray & lab, surgery. |
| <input type="checkbox"/> | <input type="checkbox"/> | The policy must be written in English and the policy coverage must be stated in US dollars. |

The undersigned certifies that all information is true, and that failure to provide correct information will result in the cancellation of the scholar's participation in the educational program.

Sponsor or Insurance Representative: _____ Signature: _____
 Date: _____ Phone: _____ Fax: _____

<p>This form must be mailed or faxed directly to the following address: Golden Gate University International Admissions and Advising 536 Mission Street San Francisco, CA 94105-2968 415-442-7807 (fax)</p>	<p>For IAA Use Only</p> <p><input type="checkbox"/> Waiver Approved <input type="checkbox"/> Waiver Denied</p> <p>_____ Initials _____ Date</p>
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GOLDEN GATE UNIVERSITY

**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.

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: _____
(list company plan)
- 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.

Student/Exchange Visitor Signature

Date

Please print the following:

FIRST NAME _____ LAST NAME _____

GGU ID Number *(required)* _____