

All international students who are in the United States on F-1 or J-1 visas are required to enroll in the Sewanee international student health insurance policy. Exemptions from participation in the Sewanee policy may be granted at the discretion of the international student services office staff (ISSO) for students who are already covered under certain government or embassy sponsored plans or as dependents of employees who have coverage through a U.S. employer. Alternate policies must be pre-approved, be equal or better than the coverage provided by the Sewanee policy, and must be maintained throughout the student's enrollment at the University. Students who are exempt from enrolling in the Sewanee insurance plan are required to complete a waiver on an annual basis. Alternate insurance waivers will not be granted after 5:30 p.m. on the second Friday of classes each quarter.

STUDENT AND INSURANCE INFORMATION

Student Name: _____ Banner ID: _____

Email: _____ Visa type (select one): F-1 J-1

Insurance Company Name: _____ Policy #: _____

Insurance Enrollment Dates (start date – end date): _____

Insurance is provided through:

My government or sponsoring organization

(name of country or sponsoring organization)

My parent, legal guardian or spouse's U.S. employer

(name of employer)

A complete copy of the alternate policy in English and proof of insurance purchase are required.

___ My alternate policy is equal to, or better than, the Sewanee policy.

___ I have submitted a copy of the policy in English.

___ I have provided a receipt, letter from my insurance provider or copy of the card showing my dates of coverage.

I hereby apply for a waiver of the International Student Insurance required by Sewanee. I understand:

- I will be billed for supplemental insurance if my alternate policy does not include appropriate medical evacuation and repatriation coverage.
- It is my responsibility to notify the ISSO if my coverage ends for any reason.
- I must re-submit proof of renewed insurance coverage upon insurance expiration for continued waiver.
- I must re-submit proof of alternate insurance each academic year by the deadline each fall quarter.
- In choosing my alternate policy, I am responsible for payment of all medical expenses that my alternate policy will not cover.

Signature _____ Date _____