Iowa State University
International Student Insurance Wavier Form

Please read waiver guidelines prior to submission

**Student Information**  
*(all information required)*

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>University ID Number</td>
<td></td>
</tr>
<tr>
<td>Visa Type</td>
<td></td>
</tr>
<tr>
<td>Student’s Last Name</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Local Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>ISU Email Address</td>
<td></td>
</tr>
</tbody>
</table>

**Insurance Information**

I certify that I will have health insurance under one of the following throughout the current academic plan year *(please check appropriate box):*

- [ ] My tuition & fees are paid directly to ISU by my home government and my government has purchased my health insurance and not just supplied funds to purchase an insurance plan of my choice.  *Example: Government of Kuwait*

- [ ] My tuition & fees are paid directly to ISU by a qualifying U.S. or International organization; this includes my tuition, living expenses, health expenses, health insurance plan, etc.  *Example: Fulbright*

- [ ] I hold an immigration status other than J-1 or F-1.

- [ ] I am in an ISU approved exchange program with qualifying insurance through my home University.

- [ ] None of the above applies.  *You are not eligible to submit a waiver.*

**Mandatory Documents to submit with waiver form:**

1. Written verification on official letterhead of health insurance coverage from a sponsoring government, U.S. or International organization *(refer to waiver guideline document)*
2. Description of your plan meeting the U.S. and ISU Insurance Requirements as described in the waiver guideline document.
3. A copy of your insurance card, front and back or an Insurance letter that states your name and dates of coverage.

*Note:* You must complete a new waiver and submit supporting documents every August if you are continuing student at ISU.

_________________________  ____________________________
Student Signature  Date Signed

*Allow 1-2 weeks for processing. You will be notified of the decision via your Iowa State University email account. Please keep a copy of this form (and any supporting documents) for your records.*

**Submit waiver form and supporting documentation to**

Iowa State University, University Human Resources, Benefits Office
3810 Beardshear Hall, 515 Morrill Road  Ames, IA 50011-2033
Email: isuship@iastate.edu  Fax: (515) 294-8226  Phone: (515) 294-4800

- [Office Use Only]:
  - Status: Int Spon  Exch Spon  Other
  - Approved  Denied
  - Email  BE  SSHIP SS  Cybox SS
  - Reviewed by:  Date: