Iowa State University
International Student Insurance Wavier Form
2017-2018 Academic Plan Year

Please read waiver guidelines prior to submission

Student Information (all information required)

University ID Number ____________________________ Visa Type ____________________________
Student’s Last Name ____________________________ First Name ____________________________
Local Street Address ______________________________________________________________________
City ____________________________ State ___________ Zip ____________________________
ISU Email Address ____________________________________________

Insurance Information

I certify that I will have health insurance under one of the following throughout the 2016-2017 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.

________________________________________________________  ____________________________________
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: isusship@iastate.edu  Fax: (515) 294-8226  Phone: (515) 294-4800

Office Use Only:
Status: __ Int Spon __ Exch Spon __
Approved __ Denied __
Email ___ BE ___ SSHIP SS ___ Cybox SS ___
Reviewed by: __________ Date: __________