Student & Scholar Health Insurance Program Waiver

To **WAIVE** medical benefits under the ISU Student and Scholar Health Insurance Plan, please read, complete, and return this Waiver Request Form (and required documentation, if necessary) to the Student Health Insurance Program within 31 days of the semester OR within 31 days of a qualifying event.

PLEASE PRINT THE FOLLOWING INFORMATION

Name: _____

University ID Number: _____

ISU Email Address: _____

Visa Type: _____ Issue Date: _____ Expiration Date: _____

Select each box that applies to your current student status:

- ☐ Undergraduate or Graduate Student Without Assistantship
- ☐ Graduate Student With Research/Teaching/Admin Assistantship
- ☐ Domestic
- ☐ International
- ☐ Sponsored (attach current Financial Guarantee)
- ☐ H-4, L-2, H-1B Visa Status or Approved OPT with Employment
- ☐ Exchange (attach Home University Insurance Certificate)
- ☐ Fulbright (attach Terms of Appointment)
- ☐ ISU Plan Spouse/Dependent
- ☐ Other (contact our office for additional information)

BY SIGNING THIS WAIVER REQUEST FORM, I UNDERSTAND THAT:

- A waiver will not be granted if any of the following occur:
  - Information provided is not fully complete or accurate;
  - The coverage under my current insurance plan lapses;
  - Information is presented to UHR after the waiver request deadline of 31 days.
- Iowa State University will not compensate me in exchange for waiving my right to this benefit.
- I am responsible for advising the Student Health Insurance Program (in writing) of any termination, lapse, or cancellation of my coverage; and, if any of these events occur, I am required to enroll in the ISU Student and Scholar Health Insurance Plan or I will not receive the associated health insurance benefits.
- I will be responsible for all of my health related expenses and neither ISU, nor the ISU Student and Scholar Health Insurance Plan, will be responsible for my health related, medical or dental expenses.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND REQUEST NOT TO PARTICIPATE IN THE ISU STUDENT AND SCHOLAR HEALTH INSURANCE PLAN.

_____ _____

Your Signature Date Signed

Submit waiver form and supporting documentation to:

Iowa State University, Benefits Office
3810 Beardshear Hall, 515 Morrill Road Ames, IA 50011-2103
Email: isusship@iastate.edu Fax: (515) 294-8226 Phone: (515) 294-4800

SSHIP-Waiver

Office Use Only

Waiver Approved _____ Denied _____ Effective Date _____

Email Sent _____ BluesEnroll Updated _____ SSHIP SS _____

CyBox SS _____ U-Bill Credit _____ Payroll Credit _____

Notes _____