Iowa State University
International Student Insurance Waiver Form

Please read waiver guidelines prior to submission

Waiver requests MUST be received within 30 days of the start of the semester or arrival to ISU

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 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. Your waiver will be denied.

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 ALL 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 and January if you are continuing student at ISU and your insurance is renewed each January by your government.

____________________________  ____________________
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

SSHIP- INWaiver

Office Use Only:
Status: Int Spon # ___________ Exch Spon # ___________
Other
Approved __ Denied __ Email __
BE __ SSHIP SS __ Cybox SS __
Reviewed by: ___________ Date: ___________