

International Student Health Insurance Waiver

2008-2009 Academic Year

All international students are required to purchase the OSU Student Health Insurance Plan as a condition of enrollment at the university and will not be permitted to waive the coverage. Exceptions may apply for international students who are covered under a government sponsor or a select international organization, or who are covered as a US-based employee or a dependent of a US-based employee, with US-based health insurance provided through that employment.

In order to WAIVE OUT of the University-sponsored health insurance plan, **international students must return this completed waiver form** and supporting documentation to the Student Health Insurance Office **by the 15th DAY of their first term of enrollment each academic year.** Failure to do so will result in automatic enrollment in the OSU Student Health Insurance Plan, and the charge for the Plan will appear as a line item on the quarterly Account Statement from Fees and Deposits.

I acknowledge that by submitting this form, I am requesting to waive out of the Ohio State University Student Health Insurance Plan. In addition, I hereby certify that:

1. I am currently enrolled in one of the above stated health insurance plans that will remain in effect throughout the 2008-2009 academic year.
2. I have compared my plan to the OSU Student Health Insurance Plan and have determined the benefits to be comparable to or greater than those benefits offered by the OSU Student Health Insurance Plan.
3. I understand that only if I am involuntarily terminated from my health insurance plan, may I be eligible to enroll in the OSU Student Health Insurance Plan. I understand that all requests for enrollment will be reviewed by Gallagher Koster Insurance, and must be submitted within 31 days of the termination date of the health insurance plan to be considered.
4. I will be solely responsible for all medical expenses, and neither The Ohio State University nor the OSU Student Health Insurance Plan, will be held responsible for any medical expenses that I incur.

I understand that information provided herein is confidential and will be used for the sole purpose of documenting my decision to waive the OSU Student Health Insurance. Furthermore, that this information will not be made available to any third party outside the Student Health Insurance Plan Account Administrator, including to the Wilce Student Health Center.

I am also granting The Ohio State University or its agent the permission to verify this information through an auditing process. I understand that all waiver approval or denial decisions are made in the sole discretion of the Student Health Insurance Program office. If it is determined that the information provided on this form is invalid, I understand that I will be enrolled into and billed for the Student Health Insurance Plan for that term and for future, subsequent terms.

Please submit the completed form and supporting documentation to the Student Health Insurance Office by mail (or in person) at SHIP; 1100 Lincoln Tower; 1800 Cannon Drive; Columbus, OH 43210, by fax at 614-292-1170, or by email at shi_info@osu.edu.

You will be notified of the decision in writing via your OSU email account. In the event of an approval, we will also notify the Office of Fees and Deposits to remove the OSU Comprehensive Student Health Insurance premium from your account for the approved terms indicated in the decision letter.

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☞PLEASE PRINT LEGIBLY☞

OSU Student ID Number _____

(Go to www.buckeyelink.osu.edu and click on the "Look Up Your OSU ID Number" link to find your 8 or 9 digit Student ID number.)

Last Name _____ First Name _____ Middle Initial _____ Date of Birth ____/____/____

Address _____ Apt. # _____ City _____ State _____ ZIP _____

OSU Email (required) _____ Telephone # (____) _____ - _____

Campus (Main, ATI, Marion, etc.) _____ College or School (UVC, CED, ENG, MED, etc.) _____

I certify that I will have health insurance under one of the following throughout the 2008-2009 academic year:

- I am fully financially sponsored (including tuition, living expenses, medical expenses, etc.) under a government sponsor.** Examples: Government of Malaysia, Government of Kuwait/UAE, Government of Libya, Government of Qatar, Government of Thailand, Government of Saudi Arabia.
- I am fully financially sponsored (including tuition, living expenses, medical expenses, etc.) under a select international organization.** Examples: IIE, Fulbright, LASPAU, USAID, FAO, WHO, Rockefeller.
- I am covered as a US-based employee, or as a dependent of a US-based employee, under US-based health insurance provided through that employment.**

NOTE: *No socialized/standard medicine policies, including Canadian policies, will be accepted.
 *No travel insurance policies will be accepted.

Please attach a copy of the following two items with this request:

1. A copy of your health insurance ID card or written verification of coverage.
2. A copy of your immigration papers. (I-20 for F-1 visas, DS-2019 for J-1 visas, etc.)

(Requests that are submitted without these two items may not be considered.)

Please allow 1-2 weeks for processing. You will be notified of the decision via your OSU email account.

Please keep a copy of this form (and any supporting documentation) for your records.

Student's Signature _____ Date _____

For more information, please see the Student Health Insurance Plan website: <http://shi.osu.edu>

FOR OFFICE USE ONLY:

Rec'd ____/____/____ Approved for: AU08 WI09 SP09 SU09 Denied N/A By _____ Date ____/____/____
 Reason Code / Notes _____ Updated MARX ____/____/____
 Student Notified ____/____/____ Email Letter Both Entered MS Access Record # _____

Revised 02/06/2009