1. Complete the attached waiver application.

2. Present the completed application along with your insurance policy handbook OR an official letter from the insurance company verifying that your health insurance policy covers the 10 waiver requirements (see page 3). The handbook or letter must be in English and coverage amounts must be in U.S. dollars. Translations are not accepted.

3. Show proof of effective date of insurance coverage, by month, day and year. When did the policy begin? When does the policy expire?
   a. **Group Policy** - Insurance coverage is provided by an employer: Present a letter from your employer to Oakland University. The letter must state that you are covered on a medical insurance policy provided by your employer and include the date the policy became effective.
   b. **Private Policy** - You have purchased your health insurance policy: The policy normally states the effective dates of coverage. If your copy of the policy does not state coverage dates, request a letter from your carrier stating the effective coverage dates. Your policy must state that you are covered from date of arrival through August 26, 2006.

4. Bring the above items to the International Students & Scholars Office before 4 p.m. on the deadline date. Incomplete application packets, or those submitted after the deadline will not be approved for the current semester:
   - **Fall Waiver Deadline:** 9/21/2005
   - **Winter Waiver Deadline:** 1/25/2006
   - **Spring Waiver Deadline:** 5/22/2006

   WAIVERS ARE PROCESSED - Monday through Friday from 9:00 a.m. - 2:00 p.m.

5. If your policy contains all requirements except for medical evacuation and repatriation you may still qualify for a waiver by purchasing a separate rider. A rider is offered through Oakland University/ National Union Fire Insurance Company for $48. You may purchase the rider by check or credit card at the International Students & Scholars Office. The rider must be purchased by the deadline date in order for the waiver application to be approved for the current semester.

6. Keep a copy of your approved, validated waiver application as your receipt. The waiver expiration date is listed on the lower right corner. **Waiver applications are valid from date of approval through August 2006 ONLY.** A new insurance waiver application must be submitted every Fall semester (or first semester attending after) waiver application period. **No insurance information is carried forward to the next year.**
WAIVER REQUIREMENTS
FOR STUDENT HEALTH INSURANCE

To waive Oakland University’s student health and accident insurance plan, a comparable health insurance policy must meet the following requirements and a copy of the policy handbook or schedule of benefits must be presented to, and approved by, the International Students & Scholars Office, 157 North Foundation Hall.

1. The policy must be written by the carrier, in English, and premium rates must be in U.S. dollar amounts.

2. The policy must include coverage of pre-existing conditions after a waiting period of no longer than one (1) year.

3. The policy must include in-patient and out-patient coverage for both sickness and accident.

4. The policy must have a deductible of no more than $500 per individual, per accident or illness, OR the policy may include a provision for a co-insurance under the terms of which the patient may be required to pay up to 20% of the covered benefits per accident or illness.

5. The policy must state a maximum benefit of no less than $50,000 per accident of illness.

6. The policy must provide no less than $10,000 provision for medical evacuation to a student’s home country.

7. The policy must provide no less than $7,500 provision for repatriation (after death, removal of remains to student’s home country).

8. The policy must provide worldwide benefits.

9. The policy must clearly state coverage dates from the first day of classes for the semester applying.

10. If the insurance coverage is provided by an employer, a letter from the employer verifying health insurance carrier and the date the current policy became effective is required.

Oakland University
International Students & Scholars Office
157 North Foundation Hall
Rochester, MI  48309-4401
Phone (248) 370-3358 Fax (248) 370-3351

The waiver deadline for each semester is always three weeks from the first day of class.
Waiver Application
2005-2006 Academic Year

Fall Waiver Deadline: September 21, 2005                Winter Waiver Deadline: January 25, 2006

WAIVERS WILL NOT BE APPROVED AFTER THE DEADLINE DATE FOR THE CURRENT SEMESTER

Health insurance is required of all international students attending Oakland University with an F or J visa status.
Current Immigration Status:  J1_____  J2_____  F1_____  F2_____  Other _____

Complete this form and submit with all required insurance information

Student Name ______________________________________________________________________
PLEASE PRINT    (Family/Last)                                                       (First)

Student ID#________________________________ Social Security #__________________________

OU Email Address___________________________ Other Email Address______________________

Local Address______________________________________________________________________

City, State, Zip_____________________________________________________________________

I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at Oakland University. Attached is a copy of my insurance policy handbook, or an official letter with verification of coverage and dates.

Student Signature__________________________________________  Date____________________

I understand that if my application is approved, this waiver approval will be valid only from the date of approval until date indicated or August 26, 2006. No insurance information is automatically carried forward to the next year. Student Initials ________

Insurance Company Name __________________________________   Policy # _________________

Coverage Effective Dates:  From:_______________________  To: ___________________________

For ISSO Use Only

Waiver Approved _____          Waiver Denied _____

Reason for Denial _________________________________________________

ISSO Staff Signature________________________________________ Date_____________________

Waiver Expires On Month/Day/Year:___________