

Graduate Student Group Health Plan

The following procedure DOES NOT apply to International Graduate Students in F or J Immigration Status – International Graduate Students should check for applicable procedures.

Waiver Request Procedures:

1. Print this form and carefully review the plan benefits offered in the summary of benefits and waiver procedures.
2. Proof of equivalent coverage procedures:
 - a. Print this form.
 - b. Complete the attached form, please be sure to sign.
 - c. **Attach a copy of the front AND back of your current insurance card**
Or
 - d. Request and attach a copy of a certificate of credible coverage from your health insurance company – this verifies that the coverage you have is current. For employer-based insurance, the certificate can be from the Human Resources representative. The certificate of coverage must include your name and dates of coverage.

*****A completed waiver/exemption request package should be turned in to room 223 Foy Hall no later than the 15th day of class.*****

*****Please be aware that a new insurance waiver request packet must be turned in at the beginning of each new academic school year.*****

**Auburn University Mandatory Health Insurance
Waiver Request Form**

Office of International Programs
228 Foy Hall, Auburn, Alabama, 36849
Fax 334-844-4983, email: insurance@auburn.edu

Waiver request form for Graduate Student Health Group and Emergency Assistance Insurance Program – completion and submission of this form does not guarantee a waiver from the Mandatory AU Requirement. All submissions received by the deadlines indicated below will be reviewed and if approved you will see the charges reversed on your e-bill.

I have read pages 1 through 3 of this request.

Waiver Request is for **Fall-** **Spring -** **Summer** Semester -**Year** _____ **(i.e.: 2015-2016)**

If you wish to waive out of the entire academic school year, please check each box listed above.

The Waiver Request must be submitted to the Insurance Coordinator no later than the **15th day of class.**

Print or Type Clearly – if we cannot read the information your request will not be considered

| | | | |
|---|--------|--|----------|
| ID Number (Student/Scholar BANNER ID #): | | | |
| Student Name: | | | |
| Please identify how many dependents: | | Spouse <input type="checkbox"/> no - <input type="checkbox"/> yes; Children: <input type="checkbox"/> no - <input type="checkbox"/> yes; how many children_____ | |
| Street address: | | | |
| Street address(continued): | | | |
| City: | State: | ZIP/Postal Code: | Country: |
| Phone #: | FAX #: | Email: | |
| Policy holder name on Insurance Policy: | | | |
| Number of dependents covered by this policy: | | | |
| Insurance Company Name : | | | |
| Policy # : | | | |
| U.S. Claims office name (Required) : | | | |
| Address (Required) : | | | |
| City/State (Required) : | | | |
| U.S. Claims Phone # (Required) : | | | |
| U.S. Claims FAX <i>(Optional)</i> : | | | |
| Student Signature Required: - "I hereby request that Auburn University waive the mandatory health and emergency assistance insurance requirement based on the information I am providing from my insurance company." | | | |
| Student Signature: | | Date: | |

The form must be returned to the Office of International Programs, Insurance Desk, 228 Foy Hall, prior to the Deadline
Completed copies may be faxed to 334-844-4983 or email: insurance@auburn.edu

Statement on "EQUAL TO OR GREATER THAN": AU automatically enrolls all Group plan eligible graduate students in a mandatory health and emergency assistance insurance program from first day of classes until their departure from AU. Waivers of this requirement must be presented prior to the **15th** day of classes. Waiver requests received following enrollment and later than two weeks following registration will result in the automatic billing of the insurance premium.

For waiver purposes the student must have insurance coverage and a completed waiver form that meets the EQUAL TO or GREATER THAN standard.

Definitions:

EQUAL TO: means that the proposed insurance provides at a minimum the same benefits as those provided under the AU policy. This means equal to ALL benefits listed on the waiver form and not just selected benefits.

GREATER THAN: means that the proposed insurance provides for benefits that are greater in coverage than those provided under the AU plan.

EQUAL TO OR GREATER THAN: means that the proposed insurance plan provides for some benefits that are EQUAL TO and others that are GREATER THAN. There are NO benefits on the proposed plan that are LESS than those provided by the AU plan.

The ENTIRETY of the plan as outlined in the summary of benefits brochure should be considered. If the proposed plan has specific benefits which are NOT equal to or greater than the AU benefits, the proposed plan is NOT equal to or greater than the AU policy regardless of whether the proposed policy has some benefits which are better than those offered by AU. Only those benefits outlined on the AU plan are considered, if the proposed plan has other benefits which are not included in the AU plan those benefits are NOT considered as part of the waiver review.

For example the AU policy has special arrangements with the insurance vendor to remove any exclusions associated with self inflicted injury or alcohol abuse that are associated with the emergency assistance, medical evacuation and repatriation component of the insurance plan. MANY insurance plans exclude coverage for emergency assistance and all other medical services under these conditions. AU has negotiated this support specifically for the Emergency Assistance component only. This is a key management and support element. If the proposed plan has exclusions for such support then the proposed insurance program is "LESS THAN" the AU program in its benefits plan. Additionally the AU plan includes a mental health component and significant benefits that support international travel.

This Mandatory AU International Student and Scholar Health plan meets present day US and local health care standards as recommended by the AU International Advisory Council Insurance Committee and approved by the Auburn University Board of Trustees.

Student Signature Required: I have read this Waiver Form and hereby agree that insurance coverage that I am providing is at a minimum equal to the benefits of the GSGHP. By signing this document I understand the conditions and requirements of the waiver process. I further understand that forms received after the deadline and/or INCOMPLETE FORMS will result in a denial of the request.

Student Signature: _____ Date: _____

Print Student Name: _____