



Health Insurance Waiver Request

Vincennes University requires all students in F-1 visa status to maintain adequate health insurance coverage while enrolled at VU. To qualify for a waiver from VU's insurance requirement, your alternate insurance must meet the level of coverage described below. **To request a waiver, you must complete the five (5) steps listed below within 10 days of the start of class.**

Name: _____ ID #: _____

1.) Enter the coverage amounts provided by your insurance program in the following chart. If your insurance does not meet the stated minimum requirements, your waiver request will not be approved.

Coverage	Required Amount	Your Insurance Coverage
Maximum coverage per sickness or injury	\$50,000	
Daily hospital coverage	\$500	
Maximum deductible	\$500	
Co-insurance you are required to pay	Must not exceed 20% of total charges	
Repatriation of remains	\$10,000	
Medical Evacuation	\$10,000	
Coverage time period	At least one full academic year	Date: _____

2.) Attach all the following required documentation with this form:

- Proof of your insurance coverage (such as an ID card or letter from insurance company).
- Verification of dates of coverage.
- A description, in English, of the conditions of your insurance coverage. The description must be issued by the insurance company or your parent's or spouse's employer.

3.) Submit this form and required documentation **within 10 days of the start of classes** to the International Student Advisor. If you do not submit sufficient proof of health insurance coverage you will be required to purchase a recommended insurance plan. You must purchase this plan yourself and it will not be billed to your VU student account. Please note if you do not provide sufficient proof of coverage you will not be allowed to register for classes. **You will receive notification either in person or by email of whether your waiver request is approved or denied.**

4.) Sign the following:

I understand that I am required to provide proof of sufficient health insurance coverage while I am studying at Vincennes University. I understand that if I do not provide proof of coverage that I will not be allowed to register for classes at Vincennes University. I also understand that this may put me at risk of losing my F-1 status.

Signature _____ Date _____

Please do not write in this box.

Approved Denied Date: _____ Signature: _____