

# LewerMark Insurance Waiver Request Form

All F1 and J1 visa students are required to purchase health insurance. You will be billed for the insurance at the beginning of each semester. Students who request a waiver of the mandatory insurance must demonstrate that they have comparable insurance coverage each semester. To petition for a waiver, students must follow the procedures outlined below. A new waiver form must be completed each semester. For questions regarding this waiver request form or the insurance policy for F1 and J1 visa students, please contact your advisor in the international office.

## Waiver Procedure:

- Each semester, the cost for the health Insurance policy will be charged to each F-1 and J-1 visa holder's school account.

Semester charge is \$411.10 and covers from August 24 to January 8.

- LewerMark will consider an insurance waiver request which includes a (1) completed waiver request form and (2) possible written proof of alternative insurance. A decision to grant a waiver will be decided within one week after the waiver is received. Waiver request decisions are final.
- Students who receive a waived will be notified by email and will have the insurance charge removed from their account. If students have already paid for the insurance before the waiver, refunds will be issued.

## Alternative Insurance Policy:

Along with this form, you may be requested to provide written proof that the alternative insurance policy meets the following coverage requirements in order to have a waiver request accepted. The alternative policy must:

- Be written in English
- Be converted to U.S. dollar values
- Provide comparable coverage per year to the amount of \$1,000,000 annual coverage.
- Have a deductible or out of pocket expense not greater than \$500 per condition
- Does not have a waiting period for coverage of a pre-existing condition
- Provide at least U.S \$25,000 for repatriation
- Provide at least U.S \$25,000 for medical evacuation
- Treat mental illness as any other illness

F-1 and J-1 students who request a waiver of the mandatory insurance must demonstrate that they have comparable insurance coverage **each** semester. A new waiver form must be completed each semester. For questions regarding this waiver request form or the insurance policy for F-1 and J-1 students, please contact The Lewer Agency, Inc. at [TLASIP@lewer.com](mailto:TLASIP@lewer.com) or tel: 1-800-821-7710  
Please read Page 1 carefully for alternate insurance requirements.

## PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Waiver request for LowerMark Student Insurance: ☐ Fall 2015 ☐ Spring/Summer 2016

Student's last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID no. \_\_\_\_\_ Student email address \_\_\_\_\_

Local Phone Number: \_\_\_\_\_

Visa Type: ☐ F-1 ☐ J-1 ☐ Other: \_\_\_\_\_

### Reason for waiver request (select one):

- ☐ My parent or spouse is living/working in the USA and has medical insurance coverage for me.  
☐ I am a sponsored student and have medical insurance coverage from my sponsoring agency or home government.  
☐ I am an exchange student and have insurance coverage from my home, family or spouse.  
☐ Other
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alternative Insurance Information (see Page 1 for alternate insurance requirements)

Name of Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address of Carrier: \_\_\_\_\_

Start Date of Coverage: \_\_\_\_\_ End Date of Coverage \_\_\_\_\_

Maximum Annual Coverage \_\_\_\_\_

Amount of Coverage for Repatriation \_\_\_\_\_

Amount of Coverage for Medical Evacuation \_\_\_\_\_

Is Policy in English? Y\_\_\_\_ N\_\_\_\_

Customer Service Phone Number: \_\_\_\_\_

Name of Policy Owner (Primary Insured Person): \_\_\_\_\_

I understand that:

- A denied waiver request OR failure to provide complete and accurate information will result in my automatic enrollment in my school's LowerMark international insurance policy.
- If my insurance coverage ends for any reason, it is my responsibility to notify my school.
- Any medical expenses I incur in excess of my insurance coverage are my responsibility and my school assumes no liability.

\_\_\_\_\_  
Signature