

# PURDUE MANDATORY HEALTH INSURANCE WAIVER FORM

## For International Students Only

Waiver Submission DEADLINE: AUGUST 31<sup>ST</sup> (fall semester) JANUARY 23<sup>RD</sup> (spring semester)

*If the above deadline falls on a weekend, the deadline is extended to the following Monday at 5 p.m. ET (Eastern Time)*

-----This form is required for each academic year-----

FAILURE TO COMPLY WITH THIS DEADLINE WILL INCUR MONETARY PENALTIES AND MAY PLACE A STUDENT'S LEGAL STATUS AT RISK.

### STUDENT INFORMATION: *(all information required)*

PUID#: 00 \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

Local Street Address \_\_\_\_\_

Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

PURDUE E-mail Address (required) \_\_\_\_\_

College Major or School (ex. Science, Engineering) \_\_\_\_\_

**I certify that I will have health insurance under one of the following throughout the Current academic year:** *Please check appropriate box.*

- I am 100% sponsored by my home government and my government has purchased my health insurance (not just supplied funds to purchase an insurance plan of my choice) Example: Government of Malaysia
- I am 100% financially sponsored by a U.S. or International organization (including tuition, living expenses, medical expenses, health insurance plan, etc) These include: IIE, LASPAU, USAID, WHO, Rockefeller, ARAMCO, SABIC
- I am a student with a J-1 visa in an approved exchange program.
- I am covered as an employee, or as a dependent of an employee working for a U.S. based company with U.S. based health insurance provided through that employment. *Name of Employee:* \_\_\_\_\_  
(Students covered by a Purdue employee must also submit this form.)

My U.S. based policy includes minimum coverage of \$50,000 USD for medical evacuation and \$25,000 USD for repatriation of remains. Yes  No  (If not included, this is available for purchase at a cost of approximately \$95.00 USD per year – Contact Student Insurance representative).

**NOTE:** No socialized/standard medical policies, including Canadian, French, German, Australian policies will be accepted (with the exception of students participating in an approved exchange program).

### REQUIRED DOCUMENTATION

Please attach the following three items with this request:

*(Keep copies for your own records.)*

- In **US Dollars**, Written verification on official letterhead of health insurance coverage from a government, U.S. or International organization, or U.S. based employer, or health insurance company (exchange students) verifying that the insurance meets the following requirements: (NO POLICIES – SUMMARY SHEET ACCEPTABLE IF ALL REQUIREMENTS INCLUDED)
  - ✓ Coverage must be in effect from the 1<sup>st</sup> day of classes or arrival in U.S. (whichever is earlier) through the last day of final exams or until the end date on your I-20 or DS2019 (whichever is later).
  - ✓ Medical benefits of at least \$100,000 USD per accident or illness
  - ✓ Repatriation of remains in the amount of \$25,000 USD
  - ✓ Medical evacuation coverage in the amount of \$50,000 USD
  - ✓ Annual deductible not to exceed \$500 USD per illness per person
- A copy of Page 1 of your I-20 or DS2019.
- A copy of your insurance card, front and back

Return to: **Purdue University Student Insurance Office**  
601 Stadium Mall Drive, Rooms 338/340  
West Lafayette, IN 47907-2052  
Phone: (765) 496-3998 Fax: (765) 496-2524



**Note to Candidate, Exam Only, OPT Registered Students:**  
You must still meet the requirement for having insurance coverage for the entire academic semester. *Contact the Student Insurance Office if you have questions.*