

## Fall 2019 Request for Exemption from UNC Student Health Insurance

First Name:  Last Name:   
UNC Bear ID:

**FALL 2019 WAIVER DEADLINE—September 9, 2019 at 5:00pm**

**Due date for waivers is the 10<sup>th</sup> class day of the semester. If waivers are not completed and submitted prior to the deadline, they will not be considered for approval, and you will automatically be enrolled in the UNC Student Health Insurance Plan for the current semester. The \$1310 semester premium will be posted to your student bill.**

I, *(Please print your full name)* , am enrolled

as an International student at the University of Northern Colorado and I have medical insurance coverage on myself through another insurance carrier that meets UNC minimum requirements. I request to be exempt from mandatory health insurance through the University of Northern Colorado. **Note: University legal counsel has determined that accident or traveler's policies do not qualify as comparable insurance and cannot be used to waive the university insurance requirements.**

### SECTION A: GENERAL INFORMATION

I am aware of the following conditions of this exemption and certify this information to be correct:

- To be effective a given semester, the Waiver Request must be completed no later than the 10<sup>th</sup> class day of the semester.

### SECTION B: INSURANCE POLICY AND SUBSCRIBER INFORMATION

1. The name of my insurance company is
2. The policy or group number of my insurance coverage is
3. Primary Policyholder is
4. Insurance Company Contact Information:  
(used to verify coverage)
5. Was your insurance in effect by the waiver deadline for the current semester?  Yes  No
6. Is your plan a sponsored plan?  Yes  No
7. Are you insured through a sponsoring agency or a foreign government?  Yes  No

UNIVERSITY OF  
**NORTHERN COLORADO**

---

**Center for International Education**

**SECTION C: COMPARABILITY OF COVERAGE**

To be eligible to waive participation in the UNC-sponsored insurance plan, I certify that my insurance meets or exceeds the following criteria:

Does your plan offer coverage to meet all the requirements listed below?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

- The plan must be a federally certified, US-based plan (or university approved plan), compliant with the Affordable Care Act (ACA), and provide coverage for all services included in the UNC SHIP plan
- Coverage must begin on or before the first day of the academic term in which the student is enrolled and extend through the entire term
- The plan must include both accident and sickness coverage and offer unlimited annual benefit
- The plan deductible must be \$500 or less per individual, per accident/illness per year
- The plan must have maximum out-of-pocket costs \$6350 per benefit year
- The plan must include medical evacuation coverage of at least \$50,000
- The plan must include repatriation coverage of at least \$25,000
- The plan must cover in-network services at 80% or more
- The plan must include preventative services with no deductible or co-pay
- The plan must provide the following benefits at a minimum:
  - Outpatient and inpatient emotional and mental disorders
  - Outpatient substance abuse treatment
  - Prescription drug coverage
  - X-rays and lab work
  - Ambulance charges
  - Annual exams, Standard Immunizations and Contraceptives covered with NO co-pay
  - Doctor's visits
  - Durable medical equipment
  - Prescription drug coverage
  - X-rays and lab work
  - Ambulance charges
  - Hospitalization
  - Durable medical equipment

**SECTION D: CERTIFICATION OF ACCURACY**

I understand that I am requesting to waive coverage in the Student Health Insurance Program (SHIP) plan. I hereby certify that the above information is true, complete and correct to the best of my knowledge. I certify that my insurance is comparable. I understand that by electing to waive participation in the SHIP plan, I am responsible for all of my medical expenses and will not be allowed to enroll in the SHIP plan until the next open enrollment period or within 30 days of a qualifying event.

⇒

--	--	--

**STUDENT SIGNATURE**

**DATE**

**BIRTH DATE**

**PHONE NUMBER**

**CIE Internal Use Only: Request Approved**

**Denied**

**Date:**

**CIE staff Initials:**