

Sam Houston State University strongly encourages its students to maintain health insurance coverage while attending college. SHSU offers its students the option of obtaining insurance through Academic HealthPlans.

Coverage under this policy is required for international students unless the student can show proof of coverage through an embassy or U.S. employer plan. The university automatically charges international students for the student health insurance plan when they register for classes. International students with equivalent coverage through an embassy or U.S. employer plan should follow the instructions listed below to obtain a waiver.

Additional information regarding student health insurance is available at <https://www.academichealthplans.com/shsu/2011-2012> or by calling the Office of International Programs at (936) 294-4607.

The deadline to receive an insurance waiver is the 12th class day of the fall and spring semesters. The deadline to receive a waiver for the summer is the third class day of the first summer session. Students will not receive waivers after the deadline. Therefore, students should begin the process as soon as possible. Only students with documentation of an embassy or U.S. employer health insurance plan that meets all of the requirements below are eligible to receive an insurance waiver. An **embassy plan**, for the purpose of waiver requirements, is defined as a plan that provides health insurance benefits guaranteed by the student's home country through an embassy located in the U.S. A **U.S. employer plan**, for the purpose of waiver requirements, is defined as a plan that provides health insurance through a company that maintains operations in the U.S. and has an office in the U.S. that is able to verify the insured's coverage. **Students must resubmit documentation of their current coverage and fill out a new waiver form each Fall semester.**

Sam Houston State University requires that all nonimmigrant SHSU students maintain health insurance coverage as a condition of enrollment.

Waiver Requirements

1. Obtain documentation clearly indicating that the coverage meets each of the requirements listed below. All of the information must be in English. The plan must be an embassy or U.S. employer plan as defined above with a U.S. contact that can verify insurance coverage. Additionally, the plan must meet the following requirements:

- \$50,000 per injury or illness
- \$7,500 for repatriation and \$10,000 for medical evacuation (available for \$80/year)
- deductible of \$500 or less
- co-insurance less than 25%
- Acceptable Insurance Company Rating indicating one of the following: (embassy plans are exempt from this requirement)

A.M. Best rating of A- or above,

ISI rating of A- or above,

Standard & Poor's Claims-Paying Ability rating of A- or above, -or-

Weiss Research, Inc. rating of B+ or above

2. Present the documentation at the Health Center.

3. Read and sign the Certification of Documentation / Agreement to Maintain Coverage form.

Note: Medical evacuation and repatriation insurance can be purchased to supplement employer provided health insurance.

Please contact Academic HealthPlans at (855) 247-2273.

Please Print:

Student's Name	First	Middle Initial	Last	
Mailing Address	Street or P.O. Box	City	State	Zip Code
Home Phone ()	—	Cell Phone ()	—	
E-mail Address	Student ID #			
Preferred Method of Communication				
Mailing Address	Home Phone Number	Cell Phone Number	E-mail Address	

Indicate below the type of insurance you have and attach the necessary documents in order for your waiver form to be considered. This waiver form will not be accepted for consideration without all necessary documents attached.

TYPE OF INSURANCE: (CHECK ONE):

COVERAGE PROVIDED BY OTHER U.S. EMPLOYER

Name of medical insurance policy holder	
Your relationship to the policy holder	
Name of company for whom policy holder works	
Name of Insurance Company	

- | | |
|---------------------|--|
| Necessary Documents | — Front and back copy of insurance card with your name |
| | — Certificate of Coverage verifying coverage for semester(s) of attendance. |
| | — "Insurance Coverage." This will be used to confirm your insurance plan provides required coverage. This document should be included in your policy information. Please provide this document in English. |
| | — Documentation of medical evacuation and repatriation coverage. |

Note: If employer insurance has a "waiting period", you must purchase short term health insurance. Please contact Academic HealthPlans at (855) 247-2273.

SPONSORSHIP THROUGH AN EMBASSY

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| Necessary Documents | — Documentation of sponsorship. |
| | — Certificate of Coverage verifying coverage for semester(s) of attendance. |
| | — "Insurance Coverage." This will be used to confirm your insurance plan provides required coverage. This document should be included in your policy information. Please provide this document in English. |

Certification of Documentation/Agreement to Maintain Coverage Form

I, _____, attest that I am providing the Sam Houston State University Office of International Programs with authentic documentation that represents my current insurance coverage. I will maintain this coverage for the duration of the waiver. Furthermore, I understand that providing false documentation or failing to maintain adequate insurance coverage could jeopardize my status as a student at SHSU, subject me to sole financial responsibility for medical expenses, and jeopardize my visa status. I understand the aforementioned information and have been afforded opportunity to ask questions.

Student Name		Student's ID Number	
Student's Signature		Date	
Witnesses' Signature		Date	

Explanations of Waiver Justification Not Requiring Documentation of Coverage

Student's Signature		Date	
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PLEASE NOTE: Information contained in this waiver is kept confidential and is used only for its intended purpose.

Forward the completed form with supporting documentation attached to:

Nancy Holloway
Office of International Programs
Sam Houston State University
1908 Ave J, SHSU Box 2150
Huntsville, Tx 77341-2150

Phone: (936) 294-4607
Email: nkh002@shsu.edu

****Please scan and email all required documents if you prefer. Do not fax documents.***

Note: If waiver is approved, the appropriate waiver code will be entered in the student's account and the charge for the health insurance will be removed. If waiver is not approved, the student will be notified.

Office Use Only:

Waiver requested is: Approved Denied Date: _____/_____/_____ Initials _____

Reason for Denied: _____