

OAKLAND UNIVERSITY 2010-2011 Waiver Requirements for International Student/Scholar Health Insurance

(Waiver Application Form – see page 2 or reverse)

Proof of health insurance is mandatory for all international students and scholars, which must be submitted every year by August 24. Students and scholars may apply to receive a waiver of the university requirement to purchase health insurance from *The Maksin Group*, Oakland University's preferred provider. For a waiver, students and scholars must submit proof of purchase of a comparable health insurance policy that meets the **NINE MINIMUM REQUIREMENTS** below:

1. The policy must be written by the carrier in English. Premium rates must be stated in U.S. dollar amounts. *Policies submitted in another language will not be reviewed and will be returned for translation.*
2. The policy must provide Worldwide benefits.
3. The policy must state the specific start date (and end date) of coverage, which must begin *no later* than the first day of classes for the semester of application. **All students registered for the Fall Semester must have a full year of coverage with the start date of August 24 and the end date of August 23 or later.**
 - a. Students graduating in December must show proof of their graduation registration to receive approval for proof of insurance with an end date of December 31.
 - b. Students graduating after December must show insurance coverage through August 24. **NO EXCEPTIONS.**
 - c. Only by ISSO approval as an exception to waiver policy, insurance policies may be accepted that provide a full year of coverage with a start date of no more than seven days before August 24. Students with any other early start date will be required to purchase additional insurance to provide for an extension of coverage to the end date of at least August 24.
4. The policy must include in-patient and out-patient coverage for both sickness and accident.
5. The policy must have a deductible of no more than \$500 per individual, per accident or illness. **AND/OR** The policy may include a provision for a co-paid insurance, under the terms of which the patient may be required to pay up to 20% of the covered benefits per accident or illness.
6. The policy must state a maximum benefit of no less than \$50,000 per accident or illness.
7. The policy must cover pre-existing conditions after a waiting period of no longer than one (1) calendar year.
8. The policy must provide no less than \$10,000 provision for Medical Evacuation to a student's home country, i.e. necessary transportation in the event of accident or illness.
9. The policy must provide no less than \$7,500 provision for Repatriation to student's home country, i.e. necessary transportation of remains in the event of death.
NOTE for 8 & 9: If "Medical Evacuation and Repatriation" are not included in the policy, a supplemental low-cost **Maksin RIDER limited to that type of coverage may be purchased at the ISSO.**

EMPLOYER HEALTH BENEFITS: In some cases of employer-provided insurance, the ISSO may require a verification letter on company letterhead. Such letters must include the current date, the name(s) of covered employee and dependents, the name of the health insurance carrier, the effective start/end dates of coverage, and the employer's printed name and signature.

- Proof of health insurance documentation must be **resubmitted every academic year by AUGUST 24**. Applications are subject to the approval of the International Students and Scholars Office (ISSO).
- For new international students participating in Fall or Winter International Orientation, the final waiver deadline for both semesters is always 14 days from the first day of class and is published as the *Last Day of Late Registration*.
- For new scholars or students arriving in the summer or at other times during the year, proof of insurance is due within 14 days of arrival.

To apply for a waiver, submit the following three documents to the ISSO by the AUGUST 24 deadline:

1. Completed Waiver Application form
2. Legible copy of the student's active insurance card (which ISSO can copy from your original)
3. Copy of the health insurance summary of benefits page(s) with the following:
 - Student/scholar subscriber name and birthdate
 - Dates of coverage
 - Worldwide scope of coverage
 - Sickness and accident coverage of in-patient and out-patient medical services
 - Medical Evacuation and Repatriation coverage

**International Students and Scholars Office (ISSO) – 157 North Foundation Hall
Phone: (248) 370-3358 – FAX: (248) 370-3351 – Webmail: isso@oakland.edu**

Oakland University International Students and Scholars Office

Application for **WAIVER** of Maksin Health Insurance

2010-2011 Academic Year

INSTRUCTIONS – SEE PAGE 1 (REVERSE)

Health insurance is required of all Oakland University international students with an F or J visa status.

Current Immigration Status (check) J1_____ J2_____ F1_____ F2_____ ESL_____ Other _____
PLEASE PRINT. Complete and submit this form to the ISSO with all required insurance documentation.

Student Name _____
(Family/Last Name) (First Name)

Student ID: **G**_____ Home Phone_____ Cell_____

OU Email Address_____ Other Email Address_____

Local Street Address (& Apt #) _____

City _____ State _____ Zip _____

Insurance Company Name _____ Policy # _____

Subscriber Name _____ Relationship to student _____

Coverage Effective Dates: From _____ To _____

Required Medical Evacuation & Repatriation Coverage (if not in current policy, available through Maksin)

Check one: _____ My health insurance policy includes Medical Evacuation & Repatriation coverage
_____ I have purchased a Maksin Rider for M. E. & R. coverage (copy attached)

I understand that I am legally responsible for any medical expenses incurred during my enrollment at Oakland University. Attached is a copy of my insurance card, policy handbook, and/or an official letter with verification of the dates and scope/terms of coverage.

Proof of insurance is required *every academic year*. No insurance information is automatically carried forward to the next academic year after August 24. **I also understand that this 2010-2011 waiver is valid only from the date of approval until August 24, 2011 or until another date authorized below by ISSO.**

Student Signature _____ Date _____

For ISSO Use Only

Waiver Approved _____ **Waiver Denied** _____ # Covered Dependents: _____

Reason for Denial _____

ISSO Staff Signature _____ Date _____

Waiver Expiration Date (Month/Day/Year) _____