Fordham University Spring 2016
Waiver Form for International Students ONLY!

THIS FORM MUST BE COMPLETED AND RETURNED TO: MARITZA RIVERA GARCIA HEALTH INSURANCE COMPLIANCE ADMIN.

UNIVERSITY HEALTH SERVICES ROSE HILL CAMPUS O’HARE HALL LOWER LEVEL OR LINCOLN CENTER CAMPUS McMATHON HALL, ROOM 203 OR VIA EMAIL EMARIVERA@FORDHAM.EDU BY: FEBRUARY 23, 2016

STUDENT INFORMATION

Student’s First & Last Name: ____________________________________________

Fordham ID#: ________________________________________________________

Phone Number/Email: _________________________________________________

INSTRUCTIONS

Waiver must be submitted before the deadline February 23, 2016
Go to: www.fordham.edu/ois and click on health and safety and follow the instructions

1. Current health insurance card

2. Pages of insurance policy that show you have medical evacuation & repatriation coverage as well as Dept. of State minimum standards for illness & maximum deductible/copay (see below)

3. Submit the above items with this form to the Health Insurance compliance administrator and if approved you will be waived from insurance charges, please allow at least 1-2 weeks for the fee to be waived.

HEALTH INSURANCE INFORMATION

Insurance Company Name: ____________________________________________

Policy Number: _____________________________________________________

Policy Effective Dates- Date Coverage Begins (m/d/yr.): / /

Date Coverage Ends (m/d/yr.): / /

The policy listed above meets the Department of State minimum standards of:

Unlimited Maximum benefit per illness or accident has to be Unlimited. My policy covers: USD $ ________________

$500 maximum deductible/co-pay. My policy has a deductible of: USD $ ________________

$50,000 for medical evacuation to my country. My policy pays: USD $ ________________

$25,000 for repatriation in the event of death. My policy covers: USD $ ________________

Please note:

For GBA and non GBA: If the waiver is approved for the FALL term you are waived for the FALL, SPRING and SUMMER terms.

If the waiver is approved for SPRING term you are waived for the SPRING and SUMMER terms.

For GBA ONLY: If waiver is approved for SUMMER trimester you are waived for the SUMMER term only and must file again for next Academic term.

I WISH FOR THE UNIVERSITY TO WAIVE MY COVERAGE- I am NOT joining the Fordham student insurance plan. I understand that I am responsible for any medical expense incurred during my enrollment at Fordham and the University will not be responsible for any sickness medical expense. I am currently covered under the policy listed above and the insurance information is correct.

Student Signature: ____________________________________________ Date: ______/_____/______