

**MEDICAL INSURANCE PLAN
 WAIVER REQUEST FORM
 INDIANA UNIVERSITY PURDUE UNIVERSITY
 FORT WAYNE (IPFW)**

FOR CAMPUS USE ONLY
 Waiver Validation & Rider Verification
 Authorization Initials: _____
 Date: _____

This form is to allow students to waive the international health insurance fee if they have combatable valid health insurance and the form must be signed and stamped

- International Student and Scholar Practical Training Participant
- American Student, Faculty, Staff and Scholar Traveling Abroad

Last Name	First Name	MI	Student/Scholar ID#
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I have read the description of the IPFW International Student and Scholar Health Insurance Plan. I elect to waive my right to participate in this plan because I have comparable worldwide major medical insurance coverage. I understand that I must purchase medical insurance coverage as follows, and proof is attached.

Insurance Company	Certificate/Policy Number/Group Number
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Insurance Contact Information in the United States

I therefore waive the coverage provided by Indiana University Purdue University Fort Wayne (IPFW) for:

- | | |
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| <input type="checkbox"/> Medical benefits only | <input type="checkbox"/> All coverage including medical evacuation/repatriation policy |
| <input type="checkbox"/> Year | <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer Semester |

Student/Scholar Signature	Date	Parent/Guardian Signature
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The following is a brief summary of coverage. For a complete description, please refer to your Health Insurance Office:

- Accidental Death & Dismemberment \$10,000 Students
 (full amount for death, lesser amount for dismemberment) \$ 5,000 Dependents
- Medical Evacuation and Repatriation Benefits Unlimited (arranged for and paid for by MEDEX)
- Major Medical Expense Benefit: Up to \$100,000 (\$55,000 for dependents) lifetime maximum for each covered accident or sickness for covered hospital, surgical or medical expenses incurred during the term insured. Some vital features of this benefit are:
 1. There is a \$100 deductible for each accident or sickness (\$50 deductible for dependents). The deductible will be waived if the treatment for an injury or sickness is received at a campus student health center or if the student is referred from the health center to an off-campus medical provider. The deductible will also be waived for emergency hospitalization or medical care when the health center is not available and the student is in severe pain and/or a delay in receiving immediate medical care that could result in placing the student's health in serious injury.
 2. Maternity: Pregnancy expenses for student or employee are payable on the same basis as a sickness, but voluntary abortion is not covered except as provided in (3) below. Pregnancy expenses for dependents are covered, subject to certain restrictions stated in the policy.
 3. Pays up to \$500 for a voluntary abortion.
 4. Surgical expense is payable subject to the limits of the Policy.
 5. Pre-existing conditions are covered for students. A waiting period applies to the dependents.
 6. Statutory coverage provided for outpatient alcohol and substance abuse treatment.
 7. Emotional and mental disorder in-patient payable at 60 days lifetime benefit. Outpatient treatment limited to \$2,000 per policy year for a maximum of 30 visits per policy year.