

UHV Health Insurance Waiver Request Form

The University of Houston System requires all students who are not citizens or legal permanent residents of the United States to be covered by acceptable medical / hospitalization insurance for the duration of their enrollment. Students will be automatically billed with each semester registration for the Basic Student Insurance Plan through UHV. Students who provide proof of insurance coverage to the university may have the insurance charge waived by submitting this waiver request each semester of enrollment. If you choose to accept the UHV sponsored health insurance, coverage will become null and void if you withdraw for non-medical reasons from UHV prior to the 31st day of the semester. (See UHV insurance brochure for medical withdrawal exception on the Macori, Inc. website: www.macori.com/uhv .)

Steps to take:

1. Complete this form with your health insurance information and contact information.
2. Submit this waiver request before the 1st class day of the term (Fall, Spring, Summer)
3. A waiver will be applied to your account if approved, or an email will be sent to student requesting additional information. Acceptable insurance must include the following: At least \$50,000 per condition/accident/illness of covered major medical expenses; At least \$10,000 for medical evacuation; At least \$7,500 for repatriation; Deductible not to exceed \$500; Co-payment not to exceed 30%.

UHV ID number: _____ Enrollment Term: _____
First Name: _____ Middle Name: _____ Last/Family Name: _____
Student Address: _____
City, State, Zipcode _____
Email Address: _____

I certify that I currently have health insurance which covers me for a minimum of \$50,000 per condition in health benefits, \$10,000 Medical Evacuation and \$7,500 Repatriation benefits for a period beginning the first day of class until the first day of class of the following semester. I am insured for the entire semester under the policy indicated on the form I submit today. If my coverage does not meet the required coverage minimum amounts, I understand that I will be charged for either: a) full coverage UHV sponsored Health Insurance Plan, or b) Medical Evacuation/Repatriation UHV sponsored supplemental insurance. I give UHV permission to verify my health insurance coverage through the information provided below:

1. Insurance Company Name: _____
2. Policy Number: _____
3. Contact Insurance Company by telephone: (____) ____ - _____ or email: _____
4. Name Policy is under (self or spouse): _____
5. Dates of coverage: FROM ____/____/20__ TO ____/____/20__
6. Health Benefit Coverage Limit: _____ Deductible Amount: _____
7. Co-Payment Percentage or Amount: _____
8. Evacuation coverage amount: _____ Repatriation amount: _____

If the policy does not contain at least \$10,000 for Medical Evacuation and \$7,500 for Repatriation, you will be charged a \$30 fee on your fee bill for this coverage.

Student Affidavit: I present the above information as being true and accurate. I understand that a waiver will not be granted if any of the following occur: (1) Information is incomplete or inaccurate; (2) Insurance policy lapses or is not comparable to the UHV sponsored Student Health Insurance Plan; (3) Information is submitted after the waiver deadline.

I am fully aware that the University of Houston – Victoria is not responsible for interpretation or review of the policy information presented to obtain this waiver, or any expenses incurred from this process. I agree to be responsible for advising my international student counselor (in writing) of any lapses or cancellations of my current policy during any semester for which I am enrolled.

Student Signature

Date Signed

**** Incorrect or false information could affect your Visa status, please make certain you are never without insurance coverage. ****