

Insurance Waiver Request Form

OFFICE OF ENROLLMENT SERVICES - (253) 692-4400 PLEASE TYPE OR PRINT CLEARLY.

The University of Washington Tacoma requires that all students on F-1 visas purchase the UW Tacoma Student Health Insurance Plan (SHIP). You may qualify for a waiver if one of the exemption categories listed in Section 2 of this form applies to you AND you have health insurance comparable to the UW plan.

When you register for your classes through MyUW, you must select the UW SHIP even if you plan to apply for an insurance waiver. To apply for an insurance waiver for more than one quarter, select “annual” insurance and the waiver will be effective for the entire academic year, if approved. If you select the “quarterly” option, you must submit a new waiver application at the beginning of each quarter of study.

To apply for a waiver:

1. Review your current insurance plan coverage, which should provide a minimum benefit of US\$200,000 per medical condition per policy year, medical evacuation (at least \$10,000) and repatriation of remains (at least \$7,500).
2. Complete Sections 1, 2 and 3 of this form.
3. Submit this completed and signed form to International Student Services, GWP 102, no later than 1 p.m. on the tuition due date (third Friday of the quarter).

International Student Services will review your insurance waiver application and, if approved, the UW insurance charge will be removed from your student account.

If you do not request an insurance waiver or do not qualify for a waiver, you must pay the premium for the UW SHIP by the tuition due date (third Friday of the quarter).

Complete the form on the next page

W UNIVERSITY *of* WASHINGTON | TACOMA

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SECTION 1

Legal Name (last, first, middle)	
Student ID Number	UW email address @uw.edu

SECTION 2

You are eligible for an insurance waiver only if you qualify for one of the exemption categories listed below **and** you submit your insurance waiver request to ISS before the tuition due date (third Friday of the quarter).

Select Exemption Category:

- I am an Exchange or Visiting Student attending the UW through an official exchange program sponsored by a UW academic department or the Office of International Programs and Exchanges (IP&E).
- I am funded by my home government or by the U.S. government.
- My spouse / domestic partner / parent is in the U.S. and I am a beneficiary of his or her health insurance plan.
- I am enrolled at UW but doing research or studying outside the US.
- I am working legally in the U.S. and receive health insurance through my employer.

SECTION 3

Statement of Compliance with UW Insurance Requirements

I understand and acknowledge that I must maintain insurance coverage for myself and my dependents (if applicable) during the entire duration of my stay in F or J visa status at the UW. The company listed below will provide my health insurance coverage during my stay.

Name of Insurance Company _____ Company Phone Number _____

Student Signature: _____ Date: _____

OFFICE USE ONLY

Annual Quarterly

Initials _____ Date _____