

# International Student Request for Student Injury and Sickness Insurance Plan Waiver Exemption

**2008-2009 Academic Year**

All international students attending Vanderbilt University are required to maintain adequate health insurance coverage, and are automatically enrolled in and billed for the Gallagher Koster Student Injury and Sickness Insurance Plan.

The deadline for international students to complete the online waiver form is September 9, 2008 for annual coverage and January 15, 2009 for spring semester new students. The online waiver form can be found at [www.gallagherkoster.com](http://www.gallagherkoster.com). Failure to waive the plan by the annual coverage (September 9, 2008) or spring semester coverage (January 15, 2009) deadlines will result in you remaining enrolled in the plan offered by Vanderbilt University and you will be responsible for paying the insurance premium. A waiver is required each academic year you are enrolled at Vanderbilt University.

If you are financially sponsored under a government sponsor or under a select international organization (see attached form), then you must fill out this form and return it to the Insurance Liaison at the Vanderbilt Student Health Center (Zerfoss Building) by 4:30 pm on September 9, 2008 for annual coverage or by 4:30 pm on January 15, 2009 for spring semester coverage (spring semester new students). A decision will be made concerning your request for health insurance waiver exemption within ten business days. If your waiver exemption request is denied, you will remain enrolled in the plan offered by Vanderbilt University and you will be responsible for paying the insurance premium. You will be notified of the decision via your Vanderbilt email account. In the event of an approval, we will also notify VU Student Accounts to remove the Student Injury and Sickness Insurance premium for the approved terms indicated in the decision letter.

**I acknowledge that by submitting this form, I am requesting to waive the Vanderbilt University Student Injury and Sickness Insurance Plan. In addition, I hereby certify that:**

1. I am currently enrolled in one of the above stated health insurance plans that will remain in effect August 12, 2008 – August 11, 2009.
2. My current insurance plan provides coverage for at least \$100,000 per injury or sickness.
3. My current insurance plan pays for medical expenses at 80% of reasonable and customary charges.
4. My current insurance plan provides unlimited benefits for medical evacuation and repatriation of remains.
5. My current insurance plan provides coverage for the following services in the Vanderbilt University area:
  - Doctors, specialists, hospitals and other health care providers
  - Inpatient and outpatient hospitalization
  - Inpatient and outpatient counseling and mental health services
  - Lab work, diagnostic x-rays, physical therapy and chiropractic care
  - Emergency room treatment and ambulance services
  - Maternity care
  - Prescription drugs

I am granting Vanderbilt University permission to verify this information. If it is determined that the information provided on this form is invalid, I understand that I will be enrolled into and billed for the Student Health Injury and Sickness Insurance Plan for that term and for future, subsequent terms.

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**2008-2009 Academic Year**

☞ PLEASE PRINT LEGIBLY ☜

_____			____/____/____	
Social Security Number or ID number			Today's Date	
_____	_____	_____	____/____/____	
Student's Last Name	First	MI	Date of Birth	
_____	_____	_____	_____	_____
Address	Apt. #	City	State	ZIP
VU Email (required) _____			Telephone(____)____-_____	
_____	_____			
Campus Box	College or School			

I certify that I will have health insurance under one of the following throughout the 2008-2009 academic year:

- My health insurance is covered by a government sponsor.** Examples: Government of Malaysia, Government of Kuwait/UAE, Government of Oman, Government of Qatar, Government of Thailand, Government of Saudi Arabia.
- My health insurance is covered by an international organization/exchange program.** Examples: IIE, Fulbright, LASPAU, USAID, FAO, WHO, Rockefeller.

NOTE: \*No socialized/standard medicine policies, including Canadian policies, will be accepted.  
\*No travel insurance policies will be accepted.

**Please attach a copy of the following two items with this request:**

1. A copy of your health insurance ID card or written verification of coverage.
2. A copy of your immigration papers. (I-20 for F-1 visas, DS-2019 for J-1 visas, etc.)

(Requests that are submitted without these two items may not be considered.)

**Please allow 10 business days for processing. You will be notified of the decision via your VU email account.**

**Please keep a copy of this form (and any supporting documentation) for your records.**

Student's Signature _____	Date _____
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For more information, go the Student Health Injury and Sickness Insurance Plan website:  
[www.gallagherkoster.com](http://www.gallagherkoster.com)

**FOR OFFICE USE ONLY:**

Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved  for: AU07  WI08  SP08  SU08  Denied  By \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student Notified. \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Accounts Notified \_\_\_\_/\_\_\_\_/\_\_\_\_ 06/04/2008