INTERNATIONAL STUDENT HEALTH INSURANCE WAIVER APPLICATION

PLEASE READ FOLLOWING PROCEDURES CAREFULLY

- This application must be signed with current date and completed prior to October 15th for fall students and February 15th for new students starting for the spring Semester.

- All tuition and other charges including Int’l Health & Emergency and Evacuation insurance must be paid before it’s due to avoid late payment fee. You are responsible for any late fees incurred. If your waiver is approved, your account will then be credited for the Int’l Health Insurance.

- Health insurance waivers are for health insurance only. All students are required to maintain the Emergency Assistance & Evacuation insurance each semester.

- Approved fall semester waivers will be applied for both fall and spring semesters of the current academic year only. Additional academic years require submission of updated waivers along with updated policy information and signatures. You must notify the Insurance Coordinator of any changes to your current policy during the academic year.

- Submit your waiver application along with coverage confirmation letter issued by your insurance provider on the current date. The letter must state your name, coverage effective date. Keep in mind the submitted application which missing the coverage confirmation will not be reviewed.

- F-1 students that are Teaching Assistant (TA), Graduate Assistants (GA), or Research Assistants (RA) may enroll in NYSHIP or POMCO insurance at the beginning of the semester. If you qualify, you must enroll with the Human Resources Benefits department. You must still pay for Medical Evacuation and Repatriation insurance. This covers sending a very sick student back to their home country. Once you are enrolled with HR Benefits, we will be notified by HR and your account will be credited for insurance. No waiver application is needed.

- Our office will begin to review waivers after the deadline February 15th or October 15th. Please complete all requested information. Incomplete applications will not be accepted. Send completed forms in PDF format only to insurancewaivers@albany.edu. Smartphone pictures or incomplete application will not be accepted.

Student Signatures ____________________________________   Date (MM/DD/YYYY) _____ / _____ / _______
INTERNATIONAL STUDENT HEALTH INSURANCE WAIVER APPLICATION

TERM(s): □ FALL ______ □ SPRING ______ □ SUMMER ______ □ AY ______ to______

COMPLETE THE FOLLOWING STUDENT INFORMATION:

STUDENT NAME: ____________________________    ____________________________
First                                Middle/Initial                               Last
UALBANY ID (000 or 001): _______ - _______ -_______
GENDER: □ Male □ Female   VISA TYPE: _______
DATE OF BIRTH (MM/DD/YYYY) _____/_____/_______    Home Country: _____________________________
UALBANY EMAIL: ____________________________________________    PHONE: _____________________
LOCAL ADDRESS: __________________________________________________________________________
CITY, STATE, ZIP CODE _____________________________________________________________________

PLEASE COMPLETE THE FOLLOWING INSURANCE INFORMATION:

NAME OF INSURANCE COMPANY: ____________________________________________________________
INSURANCE COMPANY PHONE NUMBER: _____________________________________________________
INSURANCE Policy or Certificate Number: ___________________________________________________
EFFECTIVE DATE OF YOUR INSURANCE (MM/DD/YYYY): _______/_____/_______
TERMINATION DATE OF YOUR INSURANCE (MM/DD/YYYY): _______/_____/_______

With the following signatures, we are attesting that such insurance coverage is Affordable Care Act compliant, not a state Medicaid or NY State Essential Plan.

INSURANCE COMPANY STAMPED HERE:
___________________________________     ________________________     _____ / ____ / _______
Insurance Representative Name (PRINT)                                Signature           Date
___________________________________     ________________________     _____ / ____ / _______
Primary Policy Name (PRINT)                                Signature           Date