

Student Information:

| | | | |
|-------------------------------------|------------|-------------|-----------------|
| Last/Family Name | First Name | Middle Name | MyUHV ID Number |
| Street Address (NO Post Office Box) | | | Phone Number |
| City | State | Zip | Email Address |
| Enrollment Term: _____ | | | |

The University of Houston –Victoria requires all nonimmigrant F1 students and J1 scholars 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. UHV student athletes must purchase a separate coverage that satisfies athletic injuries or illness incurred while participating in sports events and while completing education for duration of stay. International 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 Academic Blue website: <https://uhv.myahpcare.com/>)

Steps to take:

1. Complete this form with your health insurance information and contact information.
2. Submit this waiver request on the Wednesday before the 1st class day of the term (Fall, Spring)
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%.

Policy Details:

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

*If the policy does not contain at least \$10,000 for Medical Evacuation and \$7,500 for Repatriation, you will be Required to purchase the additional policy for a \$40 fee for the semester.

Student Affidavit:

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 above.

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.