



Insurance Student Health Services
 Oregon State University, 110 Plageman Building, Corvallis, OR 97331-8567
 Tel 541-737-7600 Fax 541-737-7914 | osustudent.insurance@oregonstate.edu
 http://studenthealth.oregonstate.edu/

International Waiver Form

OSU Student Insurance

Last Name

First Name

OSU ID Number

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Address _____ _____									

Date of Birth

Phone Number _____

My citizenship is:

- INT - International Student. I attend OSU on a student visa.

I am:

- Undergraduate
- Graduate Student with **no** graduate assistantship appointment
- Graduate Student with a graduate assistantship appointment of .2 FTE or higher
- INTO Oregon State University Student

I qualify for the waiver under the following category:

- I am sponsored by my embassy.
I have attached a copy of my letter of sponsorship and a copy of my insurance card.
- I am covered by the **PacificSource Insurance**.
I have turned in a PacificSource enrollment form.
- I am covered as a U.S. based employee, or as a dependant of a U.S. based employee.
 - I have attached a copy of the card or other proof of coverage as well as a brief summary of coverage that shows I meet the published requirements.
 - If I am an international student, I have also provided proof of enrollment in travel insurance that covers Repatriation of Remains and Emergency Evacuation to my legal country of citizenship as is not included in my employee health coverage.
- I am covered by insurance other than those listed above.
 - I have read the requirements listed on the reverse. My insurance meets each point.
 - I will attach a photocopy of my insurance summary of coverage in English and U.S. dollars to this form and deliver it to the insurance office for review.
- I am covered by Travel Insurance
 - I have read the requirements listed on the reverse. My insurance meets each point.
 - I will attach a photocopy of my insurance summary of coverage that includes a list of all exclusions in English and U.S. dollars to this form and deliver it to the insurance office for review.

I have read the waiver requirements that apply to the plan I wish to waive. By signing below I certify the following:

- **INTERNATIONAL STUDENTS:** I understand my insurance coverage must remain in effect for myself and any family members in the U.S. as long as I am enrolled at OSU.

Signature

Date

Date Received /Initials:	Waiver approved Yes / No	Waiver begin date:	Waiver end date:	Entered in SYASHIP (initials):
Special notes:				

Waiver Requirements

OSU International Plan

(International students with no graduate assistantship)

OSU requires all non-resident international students and their dependants (living in the U.S.) be covered by health insurance. The health insurance must meet federal, state, and OSU requirements. Students will be enrolled automatically in the OSU International Student Health Plan. If they would like to waive, they may provide proof of alternate health insurance (OAR 576-025-0020) and a completed waiver for review by the third Friday of each term.

INSTRUCTIONS: In order to waive the mandatory OSU Plan, you must show that you have insurance that is equal or better than what you are waiving. ***The Student Health Insurance office reserves the right to terminate a valid waiver if during anytime the policy doesn't meet the minimum requirements.***

1. Information you will need:

- the company's name and address for billing
- your policy number
- begin and end date of the policy (must cover you at least from the first day of the term to last day of the term)
- maximum amount of coverage per accident and illness in US Dollars

2. You must clearly show your coverage is equal to the following:

- \$1,000,000 medical coverage for accidents and illness
- The coverage must be comparable to the OSU plan for the following:

Office Visits	On campus: 100% no deductible. Off Campus: 100% after deductible at Preferred Providers.
Outpatient Lab & X-ray	On campus: 100% no deductible. Off Campus: 100% after deductible at Preferred Providers.
Hospital Room & Board, Surgeon, Anesthesia	On campus: 100% no deductible. Off Campus: 100% after deductible at Preferred Providers. No daily limit.
Physical Therapy	On campus: 100% no deductible. Off Campus: 100% after deductible at Preferred Providers.
Mental Health and Substance Abuse	Outpatient: 100% Inpatient (In Hospital): 100% Must include coverage for injuries resulting from malintent and treatment resulting from attempted suicide.
Prescription Drugs	On Campus: 70% Off Campus: 70% at Preferred Provider after deductible is met. Claims must be submitted through OSU Insurance Office.
Emergency Room	Off Campus: 100% at Preferred Providers after deductible and \$50 Co-pay paid
Pregnancy / Voluntary Termination of Pregnancy	Off Campus: 100% after deductible at Preferred Providers.

- \$50,000 coverage for Repatriation of Remains
- \$50,000 coverage for Medical Evacuation
- Your plan cannot have a deductible
- If you have a co-payment for service, it cannot be more than 25% of total charge
- Any time period imposed by your insurance before they will cover a pre-existing condition cannot be longer than 6 months
- Coverage must include benefits for injuries resulting from malintent and treatment resulting from attempted suicide.
- If your insurance is provided by another group, company, government or embassy it must:
 - a. Be backed by the full faith and credit of your home country or government, **OR**
 - b. Be part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor, **OR**
 - c. Be offered through or underwritten by a federally qualified HMO

3. Deadline for submission of this waiver is the third Friday of the term for which you are applying for the waiver. No late waivers will be accepted.

TIP: We recommend you have your insurance plan pre-approved by the insurance office before you buy it.