## International Waiver Form
### OSU Student Insurance

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>OSU ID Number</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

**Address**

<table>
<thead>
<tr>
<th>Date of Birth</th>
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<tbody>
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<td></td>
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</tbody>
</table>

**Phone Number**

I am an International student at OSU registered as an:

- [ ] Undergraduate
- [x] 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 dependent 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 have read the waiver requirements that apply to the plan I wish to waive. By signing below I certify the following:

- [ ] 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.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td></td>
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</table>

**Date Received/Initials:**

<table>
<thead>
<tr>
<th>Waiver approved</th>
<th>Waiver begin date</th>
<th>Waiver end date</th>
<th>Entered in SYASHIP Initially</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes / No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Special notes:**

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Waiver Requirements
OSU International Plan
(International students with no graduate assistantship)

OSU requires all non-resident international students and their dependents (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. No waiver will be considered for approval in the event that Aetna Student Health Insurance through OSU has paid any claims for the term that you are requesting to waive out of.

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:
   - Unlimited medical coverage for accidents and illness. Deductible can’t be greater than $300.00 per policy year.
   - The coverage must be comparable to the OSU plan for the following:
     - All requirements must be met with one insurance plan.

<table>
<thead>
<tr>
<th>Yearly deductible/Plan max/Out of Pocket max</th>
<th>$300.00 deductible/no lifetime max/$4,000 out of pocket max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits</td>
<td>Preferred Provider 90% Non-Preferred Providers 60%</td>
</tr>
<tr>
<td>Outpatient Lab &amp; X-ray</td>
<td>Preferred Provider 90% Non-Preferred Providers 60%</td>
</tr>
<tr>
<td>Hospital Room &amp; Board, Surgeon, Anesthesia</td>
<td>Preferred Provider 90% Non-Preferred Provider 60% no daily limits.</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Preferred Provider 90% Non-Preferred Providers 60%</td>
</tr>
</tbody>
</table>
| Mental Health and Substance Abuse           | Outpatient: 90 % Preferred Provider. Non-Preferred Provider 60%
|                                             | Inpatient (In Hospital): 90% Preferred Provider . Non-Preferred Provider 60%
|                                             | Must include coverage for injuries resulting from malintent and treatment resulting from attempted suicide. |
| Prescription Drugs                          | In Network pharmacy 90%. Out of Network pharmacy 50%      |
| Emergency Room                              | Preferred Provider 90%. Non-Preferred Provider 90%. Can’t have Copay greater than $50.00 |
| Pregnancy                                   | Preferred Provider 90%. Non-Preferred Provider 60%       |

- $50,000 coverage for Repatriation of Remains
- $50,000 coverage for Medical Evacuation
- Deductible cannot be greater than $300.00 per policy year.
- $1,000 dental benefit deductible can’t be greater than $150.00
- If you have a co-payment for service, it cannot be more than 25% of total charge
- Your plan must cover pre-existing conditions.
- 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
  d. Must cover required CDC vaccinations as well as Preventative Care
  e. Travel Insurance is not accepted

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.