



OFFICE OF INTERNATIONAL STUDENT AND SCHOLAR SERVICES

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HEALTH INSURANCE WAIVER FORM

*The purpose of this form is to request a waiver from EKU International Student Health Insurance mandatory requirements. Please fill out the form below completely, and submit it along with the required documents to the Office of International Student and Scholar Services (OISSS) before the deadline. **Incomplete waiver applications will be rejected. Do not wait for the deadline!** Your application will be reviewed within 5-7 business days of submission.*

Fall Semester - August 17	Spring Semester - January 11	Summer Semester - May 17
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STUDENT'S PERSONAL INFORMATION

EKU ID Number: _____

Last Name: _____ First Name: _____

Email: _____ Phone: _____

Street Address: _____ Apartment/Room # _____

City: _____ State: _____ Zip Code: _____

Current Visa Status: F-1 J-1 Other. If you selected "other", enter visa type here: _____

REASON FOR WAIVER REQUEST

I am requesting a waiver from the EKU Health Insurance requirement because I am (select one):

- An athlete, and my health insurance is covered by the EKU Athletics Department.
- A student sponsored, by my government, including health insurance benefits.
- A student sponsored, by international organization or exchange program (such as Fulbright, International Institute of Education (IIE) etc.).
- A student receiving health insurance coverage as a dependent of a U.S. based employee whose health insurance is provided by his or her employer.
- A students receiving health insurance coverage from my employer.

HEALTH INSURANCE INFORMATION

Name of Insurance Company: _____

Is this a U.S.-Based Health Insurance Company? Yes No

Name of Policy Holder (i.e. parent, spouse or partner): _____

Beginning Date of Coverage: _____ Ending Date of Coverage: _____

Policy Holder Relationship to you: Self Spouse Parent

DOCUMENTS - Submit the following documents:

- Copy of Health Insurance ID Card
- Copy of Health Insurance Policy or Booklet
- Copy of Scholarship Letter (**for sponsored students only**):

By submitting this form, I certify that I have read all of the waiver requirements, policy, and procedures listed on OISSS website and on this waiver request form and agree to abide by them. By agreeing and submitting this form, I acknowledge that the information above is true and accurate and I understand that I must carry health insurance as long as I am enrolled at EKU.

Signature: _____ Date: _____