

**MEDICAL INSURANCE PLAN  
WAIVER REQUEST FORM  
STATE UNIVERSITY OF NEW YORK**

FOR CAMPUS USE ONLY

Waiver Validation & Rider Verification

Authorization Initials: \_\_\_\_\_

Date: \_\_\_\_\_

International Student and Scholar Practical Training Participant

American Student, Faculty, Staff and Scholar Traveling Abroad

\_\_\_\_\_

Last Name                      First Name                      MI                      Campus

\_\_\_\_\_

Social Security Number                      Student ID Number

I have read the description of the SUNY International Student and Scholar Health Insurance Plan. I elect to waive my right to participate in this plan because I have comparable worldwide major medical insurance coverage. I understand that I must purchase the medical insurance coverage as follows, and proof is attached:

\_\_\_\_\_

Insurance Company                      Certificate/Policy Number/Group Number

I therefore, waive the coverage provided by the State University of New York for:

- Medical benefits only                       All coverage including medical evacuation/repatriation policy
- Year                       Fall Semester                       Spring Semester                       Summer Semester

\_\_\_\_\_

Student Signature                      Date                      Parent/Guardian Signature

After Validation, please retain the PINK COPY for your records

The following is a brief summary of coverages. For a complete description, please refer to your Health Insurance Office

- Accidental Death & Dismemberment:                      \$10,000 Students  
(full amount for death, lesser amount for dismemberment)                      \$5,000 Dependents
- Medical Evacuation and Repatriation Benefits:                      Unlimited (arranged for and paid for by MEDEX – Benefits Over \$10,000 are payable by MEDEX Assistance Corporation, not the insurer)
- Major Medical Expense Benefit: Up to \$100,000 (\$55,000 for dependents) lifetime maximum for each covered accident or sickness for covered hospital, surgical, or medical expenses incurred while the term insured. Some vital features of this benefit are:
  - 1) There is a \$100 deductible for each accident or sickness (\$50 deductible for dependents). The deductible will be waived if the first treatment for an Injury or Sickness is received at a campus student health center or if the student is referred from the health center to an off-campus medical provider. The deductible will also be waived for emergency hospitalization or medical care when the health center is not available and the students is in severe pain and/or a delay in receiving immediate medical care that could result in placing the student's health in serious injury.
  - 2) Maternity: Pregnancy expenses for student or employees are payable on the same basis as a sickness but voluntary abortion is not covered except as provided in (3) below. Pregnancy expenses for dependents are covered, subject to certain restrictions stated in the policy
  - 3) Pays up to \$500 for a voluntary abortion
  - 4) Surgical expense is payable subject to the limits of the Policy
  - 5) Pre-existing conditions are covered for students. A waiting period applies to the dependents.
  - 6) Statutory coverage provided for Outpatient Alcohol and Substance Abuse Treatment
  - 7) Emotional and mental disorder: in-patient payable at 60 days lifetime benefit. Outpatient treatment limited to \$2,000 per policy year for a maximum of 30 visits per Policy Year.