

International Health Insurance Waiver Request: SCAD Savannah/Atlanta

All international students who are in the United States on F-1 or J-1 visas are required to enroll in the SCAD international student health insurance policy. Exemptions from participation in the SCAD polict may be granted at the discretion of the international student services office staff (ISSO) for students who are already covered under certain government or embassy sponsored plans or as dependents of employees who have coverage through a U.S. employer.

Alternate policies must be pre-approved, be equal or better than the coverage provided by the SCAD policy, and must be maintained throughout the student's enrollment at SCAD. Students who are exempt from enrolling in the SCAD insurance plan are required to complete a waiver on an annual basis. Alternate insurance waivers will not be granted after 5:30 p.m. on the second Friday of classes each quarter. All students granted the waiver must show proof of their continued alternate policy no later than 5:30pm on the second Friday of classes each fall quarter in order to maintain their waiver.

NOTE: SCAD athletes do not qualify for waivers of insurance. If at any time a student who was granted a waiver becomes a member of one of the SCAD competitive athletic teams, the waiver will be repealed and the student must pay for SCAD health insurance immediately.

A complete copy of the alternate policy in English and proof of insurance purchase are required.

I have submitted a copy of the policy in English.

I have provided a receipt, letter from my insurance provider or copy of the card showing my dates of coverage.

Student Information

Name : _____ Student ID #: _____
(Last) (First)

Insurance Information

Insurance Company Name: _____

Policy #: _____ Policy Expiration Date: _____
(month/day/year)

Insurance is provided through:

My government or sponsoring organization _____
(name of country or sponsoring organization)

My parent, legal guardian or spouse's U.S. -based employer _____
(name of employer)

Agreement

I hereby apply for a waiver of the International Student Insurance required by SCAD. I understand:

- I will be billed for supplemental insurance if my alternate policy does not include appropriate medical evacuation and repatriation coverage.
- It is my responsibility to notify the ISSO if my coverage ends for any reason.
- I must re-submit proof of renewed insurance coverage upon insurance expiration for continued waiver.
- I am must re-submit proof of alternate insurance each academic year by the deadline each fall quarter.
- In choosing my alternate policy, I am responsible for payment of all medical expenses that my alternate policy will not cover.

Signature _____ Date _____