Medical Insurance Waiver Form – International Students

Date:		
Student Name:	Signature:	
Student ID #:	UIN #	
Telephone #:	Email Address:	

If you are requesting a medical insurance waiver – please review the following information and select the waiver that applies

TAMU 26.99.01 Student Health Insurance

International students who are not employed in graduate assistant positions entitling them to coverage under the system employee group health insurance program must be automatically enrolled in the SSHIP. This requirement will be waived for international students under the following circumstances:

<u>Please use the online waiver system to request a waiver – all students except graduate</u> <u>assistantship students.</u>

- 1. _____ Student is sponsored by the United States government;
- 2. _____ Student is sponsored by a **foreign government** recognized by the United States or certain international, government-sponsored or non-governmental organizations, and covered under a health plan that is compliant with the Affordable Care Act (ACA). If the health plan does not include medical evacuation and repatriation, a rider must be purchased providing coverage at equal limits to the SSHIP;
- 3. _____Student is enrolled in an **employer-provided** group health plan that is compliant with the ACA. If the health plan does not include medical evacuation and repatriation, a rider must be purchased providing coverage at equal limits to the SSHIP;
- 4. _____Student is enrolled in only **distance learning** programs;
- 5. _____Student is involved in **intercollegiate athletics** and coverage for all medical insurance is provided through a policy as part of the current sports accident medical policy approved by System Risk Management; or
