

Medical Insurance Waiver Form

Graduate Assistantship Students

Please Print - All fields are required

Last Name: _____ First Name: _____

Student ID #: _____ UIN # _____

Telephone #: _____ Email Address: _____

Current U.S. Address: _____

Student Signature: _____ Date: _____

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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.

I am requesting an insurance waiver under the following condition:



I have **graduate assistantship** coverage under the system employee group health insurance program.

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