

**Willamette University Health Insurance
Enrollment or Waiver Request / 2015-2016
FOR INTERNATIONAL STUDENTS ONLY**

- Health insurance coverage is required for attendance at Willamette University.
- You and your dependents will be enrolled in WU's Student Health Insurance Plan (Aetna).
- **Coverage is for the entire year** unless you will only be enrolled at Willamette for one semester.
- You will be billed each semester at the rates listed below. (Students here for ONE semester will only be charged for one semester of insurance.)
- IF you do not enroll below (OPTION A) or are not granted a waiver (OPTION B), you will still remain enrolled in the WU Student Health Insurance Plan (Aetna).
- This applies to your dependents as well.
- Regardless of whether you are on the University Health Plan or not, ALL students (not dependents) may use the services at the university health center: Bishop Wellness Center.

CHOOSE OPTION A or OPTION B- complete the appropriate section

OPTION A: ENROLL in WU Student Health Insurance Plan (Aetna) - SEE BELOW

OPTION B: REQUEST A WAIVER- SEE PAGE 2. Deadline: FRIDAY, SEPTEMBER 4, 2015

OPTION A: Enroll in WU Student Health Insurance plan (Aetna)– complete this page only

The cost of the insurance will be billed to your WU Student Account each semester you are enrolled at WU.

These costs apply to students and each dependent. *For example: student only is \$1,406 for the year. For a student plus spouse it is \$2,812 for year. etc.*

<i>Fall Semester</i>	<i>Aug 1, 2015 – Jan 5, 2016</i>	<i>\$ 609</i>
<i>Spring Semester</i>	<i>Jan 6, 2016 – July 31, 2016</i>	<i>\$ 797</i>
Total cost (Annual)	Aug 1, 2015 – July 31, 2016	\$1,406

You are responsible for expenses/services NOT covered by this health plan. You are also responsible for the cost of insurance for your dependents which will also be billed to your student account.

Print YOUR NAME (Last name, then first name): _____

Date of Birth (month/day/year): _____ **WU ID#:** _____

YOUR mailing address while in the U.S.: I live on-campus, my mailbox number is: _____

I live off-campus, my full mailing address (including city, state and zip code) is:

Dependents to enroll: NAMES (last, then first) of ALL Dependents who are with you on F-2 OR J-2 visa(s):

DEP #1. _____ date of birth: _____

DEP #2. _____ date of birth: _____

Your Signature: _____ **Today's Date:** _____

STOP HERE! Do not complete Option B if you want to have the WU health insurance.

OPTION B: Request Health Insurance Waiver– SEE NEXT PAGE

Willamette University Health Insurance
OPTION B - Waiver Request / 2015-2016
FOR INTERNATIONAL STUDENTS ONLY

DEADLINE TO REQUEST A WAIVER: FRIDAY, SEPTEMBER 4, 2015

Questions: Contact OIE at oiadvicing@willamette.edu.

INFORMATION: If you have insurance already and you want to decline the WU Student Health Plan, you must provide proof that the insurance meets the waiver criteria, even if someone is paying for you to be at Willamette (sponsored). You will not be granted a waiver unless you complete this process and meet the waiver requirements.

- Waiver requests submitted after the deadline and incomplete requests will not be considered and you will be responsible for the cost of the WU Student Health Insurance Plan (Aetna) that is on your student account.
- **If you are unsure if your insurance meets the Willamette University insurance requirements,** submit all waiver materials to the Office of International Education (OIE) at least a week before the deadline.

WAIVER NOTIFICATION:

- The Office of International Education will either approve or decline the waiver request.
- Final notification will be sent to your Willamette email address within 2 weeks after your complete waiver request with required documents are received by OIE.
- You are responsible to taking ALL the steps required to submit a complete waiver request with required documents and submitting them by the deadline.
- Your waiver will not be approved if documentation is missing, if your documents are not in English, if your documents do not show comparable coverage, if you can't show proof that you are covered for the entire period of your study during the academic year, or if you do not submit a complete request by the deadline.
- If your request is denied and the deadline passes, you remain enrolled in the insurance and are responsible for the cost
- If you use the Aetna insurance for any reason, prior to receiving a waiver, you cannot waive out of it, even if you have other insurance.
- If your dependents do not successfully waive out of the insurance, you AND your F2/J2 dependent(s) will be enrolled and you will be responsible for the cost.

INSTRUCTIONS for requesting a waiver (Option B)

COMPLETE the following items:

1. **Waiver Request form**, page 3 OR, for certain sponsored students, page 4. Do not leave items blank.
2. Attach a **copy of your insurance policy (in English)** as described in item 12 on page 3.
3. Attach a **photocopy of your insurance identification card (front and back) or letter of coverage** issued by the insurance company or any combination of documents from the insurance company. Documentation must show information as described in items 13, 14, and 15 on page 3.

ISEP and SACM sponsored students:

Include the items listed for you on page 4 to make sure you include the correct documents. You do not need to include a copy of the policy but you must include the items on your list.

NOTE: Medical Evacuation and Repatriation coverage: If your own insurance does not include these items, you may purchase this coverage through Aetna for a small cost, separate from the health insurance. Ask OIE if you have questions.

SUBMIT the form and documents AT THE SAME TIME in hard copy or via email to the Office of International Education (OIE). See contact information at bottom of page.

Willamette University Health Insurance
OPTION B - Waiver Request / 2015-2016
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ISEP & SACM students: GO TO page 4 instead of this page. Everyone else requesting a waiver complete this page.

1 Your Name: _____ WU ID # _____
(Last name, First name)

2 Today's Date: _____ Your VISA type: (circle) J-1 F-1

3 Name of your insurance company: _____

4 ANSWER the questions below.

For all "Yes" answers below, please:

1. Circle the information on your insurance documents.
2. Write the number of the question next to the item you've circled.

Proof of coverage (12-15): YOUR policy/other materials must clearly show for items 1-10 in English, to be considered for a waiver.

1. Does your plan cover inpatient, routine outpatient care, and emergency services? Yes No
(including minor illness, labs and x-rays and prescription drugs)
2. Does your plan cover you within 50 miles of Willamette University? Yes No
3. Does your plan provide unlimited medical coverage for covered services? Yes No
(this means your plan CANNOT place a limit on the amount it will pay for covered services)
4. Does your plan have inpatient and outpatient mental health benefits? Yes No
(Mental Health must be clearly listed as a covered item. If it is not, you will NOT receive a waiver.)
5. Does your plan have a maximum out-of-pocket limit of \$2,000 per person? Yes No
6. Does your plan have an annual deductible of \$500 or less? Yes No
7. If there is a co-insurance amount, is it 25% or less? Yes No
(Co-insurance is the amount you pay of the total covered charges, usually it is a percentage.)
8. Does your plan have Medical Evacuation to your home country of at least \$50,000? Yes No
9. Does your plan have Repatriation of Remains (in the case of death) coverage of at least \$25,000? Yes No
10. Does your plan pay benefits to you while you are in the United States? Yes No
11. Do you have any dependents with you on an F-2 or J-2 visa? Yes No
11 a. If "Yes", do you wish them to be considered for a waiver? Yes No

NOTE: If you mark NO, you **AND** your dependents will be enrolled in WU insurance and you cannot get a waiver for yourself.

11 b. If "Yes", please attach a copy of your dependents' ID card(s) plus the summary of benefits (if it is different than yours).

LIST ALL F-2 or J-2 DEPENDENTS with birthdates here:

ATTACH COPIES OF EACH OF THE FOLLOWING (these items must be in ENGLISH):

12. Copy of your policy information PLUS the list of "Covered Services" AND the list of "Excluded or Non-covered Services". A Summary of Benefits might be enough but the policy information is best.
13. Copy of a document from your insurance which lists YOUR NAME (and dependents) as the insured.
14. Copy of a document from your insurance that shows the dates you are covered. If you are covered by an *employer's group health plan* (U.S. plans only), please submit a letter indicating the date you became covered and indicating your coverage is a benefit of your employment. This is needed because there may not be an "end" date for this kind of insurance.
15. Copy of a document from your insurance which shows the company name, address, phone number, and your policy number.

5 **SUBMISSION: SUBMIT** this completed page with all required documents by the deadline to the **Office of International Education** (contact information below). SUBMIT EVERYTHING EARLY so there is plenty of time before the deadline to get more information if needed. **DEADLINE: FRIDAY, SEPTEMBER 4, 2015**

Page 3

Return form and insurance documents to: Office of International Education, Willamette University, Matthews Center, 900 State St, Salem, Oregon 97301, USA or email to oiadvising@willamette.edu or fax 503-370-6565.

Willamette University Health Insurance
OPTION B - Waiver Request / 2015-2016
FOR INTERNATIONAL STUDENTS ONLY

SPONSORED STUDENTS ONLY for:

- ISEP
- Saudi Arabia Cultural Mission (SACM)

IF YOU ANSWER "NO" to questions B and C below, complete page 3 instead.

① **Your Name:** _____ **WU ID #** _____
(Last name, First name)

② **Today's Date:** _____

③ **ANSWER the questions below.** Completing this page does NOT guarantee approval of your waiver request.

The items listed for your category **MUST** be received in addition to the completed waiver request by the deadline. You may be required to provide additional information before a determination is made. Your policy must meet the coverage requirements.

A. Do you have any dependents here with you on a J-2 OR F-2 visa? **Yes** **No**

- a. If "Yes", please attach a copy of your dependents' ID card(s) or other proof of coverage. NOTE: If your dependent does not have other insurance, YOU AND your dependent(s) will be enrolled in the WU health insurance.
- b. If "Yes", **LIST ALL DEPENDENTS by Name and Dates of Birth HERE:**

B. Are you sponsored by ISEP? **Yes** **No**

YES: complete page this page only and attach a **copy** of these TWO items only:

1. insurance ID card
2. BCS (IEES) Policy description

C. Are you sponsored by the Saudi Arabian Culture Mission (SACM)? **Yes** **No**

YES: complete this page only and attach **copies** of your:

1. insurance card OR letter of insurance coverage verification letter

If you DO NOT have a card yet, you must get an insurance coverage verification letter instead.

HOW TO GET A VERIFICATION LETTER:

- a. email: sacmmemberoutreach@sacm.org
- b. provide your SACM ID number and Saudi national ID number
- c. REQUEST an "insurance coverage verification letter" that includes you and your dependents names

2. Financial Guarantee – the coverage dates **MUST** cover 2015-2016 academic year

④ **SUBMISSION:**

SUBMIT this completed page with all listed documents by the deadline to the **Office of International Education**. See address, email address, and fax number below.

DEADLINE: FRIDAY, SEPTEMBER 4, 2015