

Michigan Tech J-1 Scholar Health Insurance Waiver Request & Comparability Worksheet 2018/2019

Name: _____

Michigan Tech ID#: _____

Check applicable situation below:

- I have health insurance coverage through another source that meets the minimum standards set by the US Federal Government. This insurance waiver will be in effect for the academic year during which your program begins or until the comparable policy is no longer in effect. I understand that I can purchase the insurance policy available through Michigan Tech at any time during my program here. I also understand that a new waiver form must be filled out each year as long as I am at Michigan Tech.

Complete the waiver worksheet below by checking appropriate boxes and attach a copy of your insurance identification card or policy.

- I have health insurance through Michigan Tech as an employee.

Dependents:

- I am not accompanied by dependents.
- I am accompanied by the dependent(s) named below. I certify that my dependents are covered by the same insurance that covers me as noted above. I have attached copies of their insurance identification cards and policies as well. (List additional dependents on the back of this form.)

Name: _____

Michigan Tech ID#: _____

Name: _____

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Insurance Waiver Worksheet

All must be met:

- medical benefits of at least \$100,000 per accident or illness;
- repatriation of remains in the amount of \$25,000;
- expenses associated with medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000; and
- a deductible not to exceed \$500 per accident or illness.
- co-insurance payment not to exceed 25 percent of the covered benefits per accident or illness

One must be met – Any policy plan or contract secured to fulfill the above requirements must, at minimum, be:

- Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-" or above, a Standard and Poor's Claims-paying Ability rating of "A" or above, a Weiss Research, Inc. rating of B+ or above, or such other rating service as the Agency may from time to time specify; or a Fitch Ratings, Inc. of "A-"; or a Moody's Investor Services rating of "A3"; or
- Backed by the full faith and credit of the government of the exchange visitor's home country; or
- Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor

Return this form with a copy of your insurance card to the Student Health Insurance Office, Lakeshore Center Second Floor or fax to 906.487.3220

Contact us: 906-487-1088 or studentinsurance@mtu.edu

I hereby certify that all the above information is true and complete.

Signature

Date