

# Indiana University Southeast

## Health Insurance Waiver Request

Office of Admissions  
4201 Grant Line Road  
New Albany, IN 47150  
(812) 941-2212  
(800) 852-8835  
admissions@ius.edu  
www.ius.edu

### Section I: Student Information (To be completed by Student)

Student Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Visa Type: \_\_\_\_\_

Telephone: \_\_\_\_\_ Preferred E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A copy of your insurance ID card must be attached to this form.** A copy of the policy for your student file is optional if information below is completed by company.

### Section II: Insurance Information (To be completed by Insurance Company Representative)

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Country \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Coverage Requirements:

Your Company's Benefits

(Benefits must be converted to US dollars):

\$50,000.00 for each sickness or illness.....\_\_\_\_\_

Maternity Benefits: same as sickness;  
pregnancy, childbirth, & complications.....\_\_\_\_\_

\$50,000.00 for each injury or accident.....\_\_\_\_\_

\$10,000.00 medical evacuation to home country.....\_\_\_\_\_

\$7,500.00 repatriation of remains to home country.....\_\_\_\_\_

Deductible (or excess fee) not more than \$500.00  
per sickness or injury (per person).....\_\_\_\_\_

\$500,000.00 Lifetime policy maximum  
(recommended).....\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Title/Company \_\_\_\_\_

Please return completed form to:

Jodie Beatty  
Office of Admissions, IU Southeast  
4201 Grant Line Road, UC 100  
New Albany, Indiana 47150  
Telephone: 812-941-2190  
Fax: 812-941-8835

Office Use Only:

Date Received: \_\_\_\_\_

Approval:  Granted  Denied

Reviewed by: \_\_\_\_\_

