

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: _____