

Insurance Agreement Form

Dear SUNY Potsdam International Student:

In accordance with the State University of New York Board of Trustees Resolution, passed in June 1985, health insurance is mandatory for all international students and scholars enrolled at SUNY as well as SUNY students studying abroad.

Students who can prove equivalent medical insurance benefits may be eligible to waive participation in the required SUNY Plan. These people may be required to purchase the Medical Evacuation/Repatriation Rider only. The SUNY Plan is available for comparison by contacting the Office of International Student Services at international@potdams.edu. (Please note: the SUNY HTH Worldwide Plan currently includes a maximum lifetime benefit of \$300,000.)

Please sign and return the Insurance Agreement Form below, signifying that you have read and understood the insurance requirements of SUNY Potsdam.

If you wish to request a waiver of the required SUNY International Health Insurance, it is your responsibility to verify that your plan is comparable or better in coverage than the SUNY Plan, and to determine whether or not it includes evacuation/repatriation. You may submit your request on the attached Waiver Request Form. **DEADLINE: All waiver requests, with documentation and specific details of current insurance coverage, must be received no later than the end of the FIRST week of classes.**

If requesting a complete waiver, include documentation of evacuation/repatriation coverage. Submit all forms to the Director of International Education & Programs, 136 Sisson Hall, before the end of the first week of classes. **No response or incomplete documentation will automatically enroll you in the SUNY Plan insurance and you will be billed for the same.** Students doing all of their student-teaching assignments in their home country are automatically eligible for a waiver.

All waiver requests must be renewed annually at the beginning of the fall semester. If you have any questions, please feel free to call or stop by our office – 136 Sisson Hall.

Sincerely,
International Education & Programs (IEP) Staff

I, _____, understand and agree that as an international student enrolled at SUNY Potsdam, I must purchase the SUNY Insurance OR receive a waiver. **I understand that the waiver requests must be renewed every fall semester by the end of the first week of classes.** Failure to meet this deadline will result in automatic enrollment in the insurance program.

Signed _____
Date _____