

**MEDICAL INSURANCE PLAN
WAIVER REQUEST FORM
STATE UNIVERSITY OF NEW YORK AT POTSDAM**

FOR CAMPUS USE ONLY
Waiver Validation & Rider Verification
Authorization Initials: _____
Date: _____

☒ International Student, Scholar, or Practical Training Participant

Last Name

First Name

MI

Campus

Social Security Number

Student ID Number

I have read the description of the SUNY International Student and Scholar Health Insurance Plan. I elect to waive my right to participate in this plan because I have comparable worldwide major medical insurance coverage. I understand that I must purchase the medical insurance coverage as follows, and proof is attached:

Insurance Company

Certificate/Policy Number/Group Number

I therefore, waive the coverage provided by the State University of New York for:

- ☐ Medical benefits only ☐ All coverage including medical evacuation/repatriation policy
☐ Year ☐ Fall Semester ☐ Spring Semester ☐ Summer Semester

Student Signature

Date

Parent/Guardian Signature

After Validation, please retain a COPY for your records

The following is a brief summary of the coverage provided. For a complete description, please refer to your Health Insurance Office.

- Accidental Death & Dismemberment: \$10,000 Students
(full amount for death, lesser amount for dismemberment) \$5,000 Spouse (\$1,000 Child)
- Medical Evacuation and Repatriation Benefits: Unlimited (arranged for and paid for by MEDEX – Benefits Over \$10,000 are payable by MEDEX Assistance Corporation, not the insurer)
- Major Medical Expense Benefit: Up to \$300,000 for participants (\$100,000 for dependents) lifetime maximum for each covered accident or sickness for covered hospital, surgical, or medical expenses incurred while the term insured. Some vital features of this benefit are:
 - There is a \$50 deductible for each accident or sickness. The participant deductible will be waived if the first treatment for an Injury or Sickness is received at a campus student health center or if the student is referred from the health center to an off-campus medical provider. The participant deductible will also be waived for emergency hospitalization or medical care when the health center is not available and the students is in severe pain and/or a delay in receiving immediate medical care that could result in placing the student's health in serious injury.
 - Maternity: Pregnancy expenses for student or employees are payable on the same basis as a sickness but voluntary abortion is not covered except as provided in (3) below. Pregnancy expenses for dependents are covered, subject to certain restrictions stated in the policy
 - Outpatient prescription drugs filled at Student Health Center = 100% of actual charge. Outpatient prescription drugs including prescription contraceptives and devices filled outside of Student Health Center (local pharmacy) = Generic drugs (all except \$10 copayment per prescription), Brand Name drugs (all except a \$20 copayment per prescription, Injectables = (all except a \$10 copayment per prescription)
 - Surgical expense is payable subject to the limits of the Policy
 - Pre-existing conditions are covered for students. A waiting period applies to the dependents.
 - Statutory coverage provided for Outpatient Alcohol and Substance Abuse Treatment
 - Emotional and mental disorder: in-patient payable at 60 days lifetime benefit. Outpatient treatment limited to a maximum of 30 visits per Policy Year.