

**University of West Alabama**  
**Alternate Health Insurance Waiver Request**  
**INSURANCE PROVIDER SECTION**

Insurance Providers are requested to submit information regarding the student directly to:

The University of West Alabama  
International Programs  
Station 59  
Livingston, Alabama 35470  
Email to [mdavis@uwa.edu](mailto:mdavis@uwa.edu)

University of West Alabama requires all on-campus students who are non-US citizens to maintain continuous health insurance coverage during their enrollment at the University of West Alabama and are enrolled in a University approved insurance plan upon admission. Students may waive out of the required insurance if the students' alternate health insurance policy meets or exceeds all of the requirements listed in the University's International Student Insurance Plan brochure under the Schedule of Benefits and Limits as generally outlined below and is verified by the insurance provider:

1. Coverage for medical expenses incurred outside your home country must be equal to or greater than \$200,000.00 USD per accident/illness.
2. 100% coverage.
3. Co-pay no greater than \$35 USD for doctor office visits.
4. The plan must be provided by a company licensed to do business in the United States with (a) a U.S. claim payment office, (b) a U.S. telephone number, and (c) plan literature available in English.
5. Co-pay not to exceed \$50.00 USD for hospital services.
6. Expenses incurred as a result of pregnancy are treated to the same extent as any other sickness.
7. Insurance will provide unlimited coverage for emergency medical evacuation up to \$50,000.00 USD
8. Insurance will cover repatriation of remains up to \$25,000.00 USD.
9. Insurance will provide accidental death benefit to \$10,000.00 USD.
10. No limitation on routine nursing care.
11. Insurance company must have an A.M. Best rating of A+ (Superior) – a lower rating will not be accepted.
12. Coverage must be purchased for the entire year enrolled and must be “non-cancelable” - not subject to cancellation.
13. Plan must provide coverage for pre-existing conditions (waiting period no more than 12 months).

The insurance provider will provide to UWA's International Programs a letter on company letterhead written in English, that identifies the student requesting the waiver as a covered individual, provides the start and end dates of continuing coverage that is paid in full and is non-cancelable, clearly indicates that the coverage meets or exceeds the minimum requirements, including coverage amounts in US dollars. The provider must also provide a copy of the student's policy with a summary of benefits.

**STUDENT INFORMATION SECTION**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

UWA Student ID#: \_\_\_\_\_ Insurance Policy: \_\_\_\_\_

Name of Spouse and/or dependents covered under insurance policy: \_\_\_\_\_

\_\_\_\_\_

***I request the insurance provider to release the following information below to University of West Alabama as stated in the above request.***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**University of West Alabama**  
**Alternate Health Insurance Waiver Request**  
**STUDENT NOTIFICATION OF INTENT TO WAIVE OUT**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

UWA Student ID#: \_\_\_\_\_ Student UWA email: \_\_\_\_\_@uwa.edu

Alternate Student Email:  
\_\_\_\_\_

Student phone number:  
\_\_\_\_\_

Local address:  
\_\_\_\_\_  
\_\_\_\_\_

Please know that I have submitted the **Alternate Health Insurance Waiver Request** to the following insurance provider on (date) \_\_\_\_\_.

**My insurance providers contact information is:**

**Name of Insurance Provider:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact's Email:** \_\_\_\_\_

**Contact's Telephone:** \_\_\_\_\_

**Contact's Fax:** \_\_\_\_\_

I allow my above identified health insurance provider to discuss any and all relevant information regarding my health insurance with staff of International Programs at The University of West Alabama.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_