



International Student Health Insurance Waiver Request

I already have health insurance. How can I waive out of the LewerMark plan?

You can waive out of the LewerMark plan if you meet one of the three requirements below:

- 1. Your parent/spouse is employed by a United States based company that provides Affordable Care Act (ACA) compliant coverage that you are covered under.*
- 2. You arrived in the United States with health insurance because you participate in a government exchange student program, such as SACM.*
- 3. You are currently covered by a plan provided in your home country. This plan must meet or exceed both the LewerMark Plan and the Florida Board of Governor's requirements. It also must be valid in the United States. An emergency-only and/or travel plan will not be accepted.*

To be eligible to waive out of the LewerMark plan, you must submit your full policy and proof of coverage showing the following requirements are met:

- If submitting a U.S. based insurance policy, it must be Affordable Care Act (ACA) compliant.
- If submitting a non-US based policy, the plan must meet or exceed the LewerMark plan and the Florida Board of Governor's Regulation 6.009(b) requirements.
 - » The policy must be written in English
 - » Mental Health: 30 visits outpatient, 30 days inpatient with fees paid at 90% in network and 70% out of network
 - » Annual Maximum: \$300,000 USD
 - » At least \$25,000 USD for repatriation
 - » At least \$50,000 USD for medical evacuation
 - » Maternity Benefits paid at no less than 90% of usual and customary fees in- network and 70% out of network
 - » Maximum deductible of \$0 per occurrence if treatment or services are rendered at a student health center and a maximum of \$100 per occurrence rendered at an off campus ambulatory care or hospital emergency department facility
 - » Coverage must be continuous for the entire period the insured is enrolled as an eligible student
 - » Claims must be paid in U.S. dollars and payable on a U.S. financial institution

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Student name (First/Last): _____

Name of school: _____

Student E-mail Address: _____

Student I.D. Number: _____

Reason for waiver request (check one):

- ☐ 1. My parent or spouse is living/working in the USA and has medical insurance coverage for me that is Affordable Care Act (ACA) compliant.
- ☐ 2. I am a sponsored student and have medical insurance coverage from my sponsoring agency or home government.
- ☐ 3. I have insurance coverage from my home country which meets or exceeds both the LewerMark plan and the Florida Board of Governor's requirements, is valid in the United States, and is not an emergency-only or travel plan.

Important!

Insurance plans offered by the following companies do not meet the waiver requirements and will not be accepted in any circumstance: HCC, IMG, ISI, ISO, ISP, GBG, PGH, PSI.

(Please note: this is only a partial list of plans that are not acceptable waivers).

My Current Insurance Plan Information

Name of insurance company: _____

Policy or insurance number: _____

Address of insurance company: _____

Start date of coverage: _____ End date of coverage: _____

Amount of annual maximum coverage: _____

Amount of coverage for repatriation: _____

Amount of coverage for medical evacuation: _____

Amount of coverage for mental health: _____

Coverage for COVID-19 testing and treatment: Y ☐ N ☐

Policy is in English? Y ☐ N ☐

Customer service phone number: _____

Name of policy owner (primary insured person): _____

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I understand that:

- A denied waiver request or failure to provide complete and accurate information will result in my automatic enrollment in the LewerMark plan.
- If I do not submit all required documents before the deadline, I will automatically be enrolled in the LewerMark plan.
- If I do not provide complete and accurate information in my waiver request, my waiver request will be denied and I will automatically be enrolled in the LewerMark Plan.
- If my personal insurance coverage ends for any reason, it is my responsibility to notify the International Office at my school.
- I understand that a waiver request is required to be submitted each academic year.
- **If my waiver is approved any medical expenses I incur are my responsibility and my school and/or LewerMark assume no liability.**

SIGNATURE

DATE

To be eligible to waive out of the LewerMark plan, you must email an electronic copy of your full policy and proof of coverage and this completed and signed form to waivers@lewermark.com. If you have additional questions about waiving out of the LewerMark insurance plan, please email waivers@lewermark.com.