Medical Insurance Plan
WAIVER REQUEST FORM
STATE UNIVERSITY OF NEW YORK

☐ International Student and Scholar Practical Training Participant
☐ American Student, Faculty, Staff and Scholar Traveling Abroad

Last Name                      First Name                     M.I.                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 the PINK COPY for your records.

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

- **Accidental Death & Dismemberment:**
  - Full amount for death, lesser amount for dismemberment
  - $10,000 Students
  - $5,000 Dependents

- **Medical Evacuation and Repatriation Benefits:**
  - Unlimited (arranged and paid for by MEDEX Assistance Corporation, not the insurer)

- **Major Medical Expense Benefit:**
  - Up to $100,000 ($55,000 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:

  1) There is a $100 dollar deductible for each accident or sickness ($50 deductible for dependents). The 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 deductible will also be waived for emergency hospitalization or medical care when the health center is not available and the student is in severe pain and/or delay in receiving immediate medical care that could result in placing the student’s health in serious injury.

  2) 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.

  3) Pays up to $500 for a voluntary abortion.

  4) Surgical expense is payable subject to the limits of the Policy.

  5) Pre-existing conditions are covered, for students. A waiting period applies to the dependents.

  6) Statutory coverage provided for Home Health Care and Outpatient Alcohol and Substance Abuse Treatment.

  7) Emotional and mental disorders: in-patient payable at 80% to 60 days lifetime benefit. Outpatient treatment limited to $2,000 per policy year.