

**CSU APPLICATION FOR HEALTH INSURANCE WAIVER  
INTERNATIONAL STUDENTS ONLY**

Should you have questions about completing this form, please email us at: [csuhn\\_insurance@colostate.edu](mailto:csuhn_insurance@colostate.edu)  
Your health is important to us and critical to your success at CSU. The waiver process is designed to assist you in selecting a health insurance plan that will assist with your medical expenses should you have an accident or sickness and one that also complies with the United States Health Care Reform insurance laws.

International Students applying for a CSU student insurance waiver should complete this form and email it to:  
[csuhn\\_insurance@colostate.edu](mailto:csuhn_insurance@colostate.edu)  
**NO LATER THAN January 19, 2021.**

Waivers **may** be approved for the following types of insurance plans:

- Employer Group Health Plans with acceptable deductible levels
- Sponsored Health Insurance Plans approved through the Office of International Programs
- Individual Health Insurance Plans that meet Health Care Laws

Documentation required for approval:

- Employer Group Plans:** Complete section A and provide a copy of the front and back of your current insurance ID card.
- Individual Health Plans:** Complete sections A **and** B and provide a copy of the front and back of your current insurance ID card.

**\*\*For INDIVIDUAL PLANS, please provide the insurance plan document listing all benefits and exclusions of the policy**

Waivers **will not** be approved for the following type of insurance plans:

- Short term in-bound travel policies/ policies not written in english/ policies without benefits listed in U.S. dollars
- Short term/ limited duration/sickness and accident insurance plans
- Foreign insurance plans with U.S. affiliates/representatives or reimbursement programs
- Health insurance plans that do not meet health care laws

**SECTION A : Student Information**

LAST NAME	FIRST NAME	MI	STUDENT ID #	DATE OF BIRTH		
CURRENT ADDRESS			CITY	STATE	ZIP	
EMAIL ADDRESS						
PHONE NUMBER						
PLEASE PROVIDE THE FOLLOWING:						
SELECT TYPE OF PLAN:	INDIVIDUAL	<input type="checkbox"/>	EMPLOYER GROUP PLAN	<input type="checkbox"/>		
IF THIS IS AN EMPLOYER GROUP HEALTH PLAN	PLEASE PROVIDE THE NAME OF THE EMPLOYER					
NAME OF THE INSURANCE PROVIDER	_____					
INSURANCE COMPANY PHONE NUMBER	_____					
NAME OF THE PRIMARY INSURED	_____					
RELATIONSHIP TO PRIMARY INSURED	SELF	<input type="checkbox"/>	PARENT	<input type="checkbox"/>	SPOUSE	<input type="checkbox"/>
HOW LONG HAVE YOU BEEN COVERED UNDER YOUR CURRENT MEDICAL PLAN?						

**SECTION B : Health Insurance Information - Please provide the following information about your health insurance:**

**WAIVER CRITERIA** (please answer the following questions and provide page numbers from your attached policy.)

Does your plan provide for each of the following:

	YES	NO	PAGE NUMBER
1) Unlimited Sickness or Accident Benefit			

2) No Lifetime Maximum amount on the following Health Benefits:

- Preventive and Wellness Services
- Prescription Coverage
- Outpatient Services
- Hospitalization
- Emergency Services
- Maternity and Newborn Care
- Laboratory Services
- Chronic Disease Management
- Mental/behavioral health and substance use disorders

YES	NO	PAGE NUMBER

3) No pre-existing condition waiting period

YES	NO	PAGE NUMBER

4) Co-insurance: 80% insurance/ 20% your responsibility

YES	NO	PAGE NUMBER

International students, per Federal Visa requirements, must have these **ADDITIONAL** benefits in their insurance plan:

( <http://j1visa.state.gov/sponsors/how-to-administer-a-program/>)

1) No greater than a \$500.00 deductible per person \*

YES	NO	PAGE NUMBER

2) Minimum of \$25,000 in repatriation benefits

3) Minimum of \$50,000 in medical evacuation benefits

\*A deductible is what you pay out of your pocket before the insurance starts to pay

**You will be notified via email once your waiver has been processed. Please allow 10 business days for processing.**

If there is other relevant information you would like us to know about your health policy, please provide it here:

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