

F-1 STUDENT HEALTH INSURANCE STUDENT ACKNOWLEDGMENT & INSURANCE WAIVER FORM

If you are requesting a waiver to the University of Hawai'i's health insurance requirement because you will not physically be in the United States during **the upcoming semester(s)**, then you need to complete this waiver form.

You must attach a letter from your University of Hawai'i Manoa (UHM) academic advisor or the UHM International Student Services Office, confirming that although you are registered for classes, you will not be physically in the United States this/these semester(s). Please email this form and the letter to the Student Health Insurance Office.

Last Name, First Name

Student ID#

Birthdate (mm/dd/yyyy)

I am requesting an insurance waiver for: _____

List the semester(s)

I acknowledge that University of Hawaii policy requires international students to provide evidence of comprehensive health insurance while I am enrolled at the University. I acknowledge that it is my responsibility to choose my own health insurance provider and to obtain the provider's certification that the plan meets specific minimum coverage requirements. I further acknowledge my responsibility to maintain insurance coverage and to submit this form at each and every renewal or change of provider. Further, I understand that University required minimum coverage levels may change each year and that I am responsible for updating my insurance in keeping with stated requirements.

I am requesting a waiver to the above health insurance requirement because I am physically absent from the United States for this/these semester(s). I acknowledge and agree that the University is not responsible for my health insurance or medical expenses. If I have dependents, all of my certifications, promises, acknowledgments, and agreements extend to my dependents as well as myself.

I understand that that once I am physically back in the United States, I will be required to meet the University of Hawai'i policy regarding health insurance for international students.

Student Signature

Date

email address @hawaii.edu

For UHM use only: **Approved for** Term: _____ Until (date): _____

By: _____ Date: _____

Disapproved for: Term: _____ For: Insufficient documentation: _____ Other: _____

By: _____ Date: _____