Washburn University Health Insurance Waiver Request Form

All F-1 visa students and J-1 Exchange Visitors are required to have adequate health insurance while enrolled at Washburn. If you are applying for a waiver due to private insurance coverage, please complete the information below. If it is determined that your policy is equivalent to that offered by the university, insurance fees will be waived and removed from your WU student account.

The eligible plan to be considered for a waiver must include the following:

_The eligible plan to be considered for a waiver should have no limit for an annual maximum and per injury or sickness including immediate coverage of pre-existing conditions, which the university-approved plan provides. In other words, it must be a true health insurance plan with no policy year maximums and a prescription plan, not just a travel insurance plan._

With this form, you must also submit:

- Proof of your health insurance coverage, including dates of coverage
- A brief explanation of your health insurance policy coverage, in English, from your provider, and a US contact number

Student’s Name_____________________________________________________

WIN#: __________________________ Date submitted: ______________________

E-mail address: __________________________ Phone #: ______________

Name of student’s own insurance company_________________________________

US Contact Number _____________________________________________________

_Please note: Continuing students must re-apply for a waiver each semester (Fall and Spring)._  

FOR OFFICE USE ONLY

______ Approved _______ Not approved

Term waived: _____ Fall _____ Spring & Summer _____ Year____________________

Name of advisor approving the waiver_______________________________________

Signature of advisor ___________________________ Date_______________________

Charges removed from account: Yes____ No____ Date_____________________

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