



Student Health Insurance

SUB1, Rooms 219A + 219H
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Spring 2010

Exemption Deadline:
February 9, 2010

UNIVERSITY LIFE LIVING • LEARNING • LEADING

Application for an Exemption from Automatic Coverage in the George Mason University Student Health Insurance Policy

International F-1 and J-1 visa students are automatically enrolled in the Mason Student Health Insurance Plan. International students with health insurance coverage from the following list may request an exemption from the Mason Student Health Insurance Plan. Submission of a request does not guarantee that a waiver will be granted.

Students who may apply for an exemption –

1. If you have a scholarship or government sponsored program that provides insurance for you that meets or exceeds the Mason Student Health Insurance Plan.
2. If you, or your spouse or parent, have a United States employer who provides health insurance for you that meets or exceeds the Mason Student Health Insurance Plan.

Instructions to Students –

- If you are eligible to apply for an exemption please allow at least 2 weeks to process your request. All applications for exemptions must be received before tuition payment is due. If you do not submit an application, you will be responsible for paying the insurance premium. **No exemptions will be granted after February 9, 2010.**
- If your **scholarship or government sponsored program provides an acceptable health insurance plan**, you may request a waiver. Students must submit proof of annual sponsorship to the Student Health Insurance Office each academic year they are at George Mason University.
- If you are covered under a **U.S. employer-based plan**, please complete the release information below then give this form to your benefits administrator. The benefits administrator, at the place of employment, must verify that your plan meets the University requirements listed on page 2 of this application. If any of these requirements are not covered, your application for an exemption from the Mason Student Health Insurance Plan will not be approved. The Student Health Insurance Office reserves the right to review policies to verify coverage. If your plan meets all requirements except number 4: cost of medical evacuation (\$10,000) and repatriation (\$7,500), you must purchase this coverage. Application forms are available at the Student Health Insurance Office.
- To verify approval of your application, check your Patriot web account at <https://patriotweb.gmu.edu>. If your application was approved, the balance of the Mason student health insurance premium will be \$0.

Release Information –

I understand the student health insurance requirements for J-1 and F-1 visa students at Mason. I hereby give permission to my benefits administrator to release the following information to staff at the Student Health Insurance Office. I understand that an exemption from the Mason Student Health Insurance Plan is valid for the current academic year only and must be annually re-approved prior to that deadline.

Student Print Name

Student Signature

Date

Mason Email

Phone

Instructions to Employer Benefits Administrator:

Name of Employer _____

Student Name: Last _____ First _____

Insurance Company Name _____

Policy No. _____ Coverage Period _____

Claims Agent U.S. Address _____

Claims Agent U.S. Phone Number _____

Please state either "YES" the insured's policy meets or exceeds the minimum benefit listed **OR** "NO" for benefits not covered or that do not meet the stated minimum amounts of coverage required.

- ___ 1. Medical benefits of at least \$50,000 per accident or illness;
- ___ 2. The annual deductible does not exceed \$500;
- ___ 3. The policy is valid until August 15, 2010;
- ___ 4. Cost of medical evacuation (\$10,000) and repatriation (\$7,500) are included. (If your plan does not meet this criteria you must purchase this coverage. Application forms are available at the Student Health Insurance Office.)

*The Student Health Insurance Office reserves the right to review policies.
 If a policy does not meet ALL criteria listed above, a waiver request will be denied.
 Waivers will only be considered for international students who have an insurance plan provided
 by a scholarship or government sponsored program OR United States employer
 that meets or exceeds the Mason Student Health Insurance Plan.*

Employer Benefit Administrator (Please read and sign) –

I have verified the information on this form and completed each item. I certify that the coverage indicated is now in force. If the above noted policy is terminated before August 15, 2010, I will notify the Student Health Insurance Office immediately, phone 703-993-2827, fax 703-993-3955, email: insure@gmu.edu.

Print Name _____ Title _____

Signature _____ Date _____

Phone _____ Fax _____

Address _____
Street, City, Zip Code

For Student Health Insurance Office Only –



Approved _____ Denied _____ Signature _____

Date _____ G# _____ Visa Type _____