Lone Star College System (LSCS) requires that all F-1 international students purchase the LSCS approved medical insurance, or be granted a Waiver by already being covered by an equivalent medical insurance policy. Only students covered fully by their National Health Plan, Embassy, Employer, or on an LSCS approved insurance program that is valid and recognized for medical benefits in the U.S. can apply for the Waiver. To receive a Waiver, the student must provide documentation that his/her existing medical insurance plan is equivalent to, or better than, the LSCS mandatory insurance policy. LSCS automatically charges international F-1 students for the student health insurance plan when they register for classes.

In order to receive approval for the Waiver, this form must be submitted to the Designated School Officer (DSO)/International Student Advisor (ISA) a minimum of 45 days prior to the beginning date of the semester. If this Waiver form is not received at least 45 days prior to the beginning date of the semester, you will be required to purchase the mandatory medical insurance and seek a waiver later. A refund of the mandatory medical insurance will only be granted if this Waiver form is received by the first day of the semester, is accompanied by the required documents in number 8 below, and is accepted and waived by the LSCS Medical Insurance Committee.

LSCS’ Medical Insurance Committee must review this request form and the required documents submitted to decide on approval/denial of the waiver. Failure to maintain valid Medical Insurance will result in a student being “out of status.” If you knowingly lose your health insurance, you must contact your DSO/ISA and purchase insurance through LSCS.

1. Students covered fully by other plans may apply for a request for an insurance waiver.
2. A waiver request must be submitted prior to the start of each semester. You may qualify for a waiver if you have existing medical coverage from any of the following:
   • National Health Plan
   • A U.S. employer plan, for the purpose of waiver requirements, is defined as a plan that provides health insurance through a company that maintains operations and has an office in the U.S. that is able to verify the insured’s coverage
   • A LSCS approved Exchange Program that is valid and recognized for medical benefits in the U.S.
   • A health plan in which health, medical, and injury insurance coverage is equivalent to or better than LSCS’s mandatory policy.
      The insurance plan must cover basic coverage such as preventative care, maternity, mental health, and prescription coverage up to $500,000 per insured, per policy year.
3. Approved Waiver requests are only valid for the approved period and must comply with a strict timeframe and guidelines. Proof of continued coverage is required for insurance policies that expire.
4. If a student has previously been approved for a waiver, has the same insurance policy, and wishes to be waived for the next semester, they must reapply and indicate the request as a waiver renewal (see top of page).
5. Waiver requests should be submitted to your DSO/ISA approximately 45 days prior to the start of the semester to avoid process delays and in order to remove associated fees prior to registration payment. Students may submit a waiver request for each semester no earlier than 75 days preceding the start of classes for the semester.
6. Late requests will not be accepted after the first day of the semester.
7. All waiver requests should include the student’s LSCS ID number and their proper name as listed on their passport and I-20.
8. Students must provide a copy of a copy of their current insurance identification card (front and back) with the student’s name, certificate of coverage verifying the date of coverage for the selected period, and a copy of the insurance policy in English as provided by the insurance company.
9. Travel policies, or those limited in scope within the U.S., will not be accepted as a medical plan. All policies must have U.S. phone numbers and claim offices.
10. Due to changing healthcare laws, insurance waiver criteria are subject to change.

**PLEASE PRINT:**

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<thead>
<tr>
<th>Student’s Name</th>
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<td>First</td>
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<tr>
<td>Street Address</td>
<td>City</td>
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<td>State Zip Code</td>
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</tbody>
</table>

| Student LSCS ID # | U.S. Phone Number ( ) - | E-Mail Address |

Risk Management - 4/25/13 jrm
LONE STAR COLLEGE SYSTEM F-1 HEALTH INSURANCE REQUIREMENTS:

I hereby authorize my insurance company to release the following information to Lone Star College System. _______ (Initial)

Name of medical insurance policyholder
Your relationship to the policyholder
Name of company for whom policyholder works
Insurance company policy/group number
Name of insurance company and address
Insurance company phone number

Necessary Documents
- Front and back copy of insurance card with your name
- Certificate of Coverage verifying dates of coverage indicated for the selected period
- Copy of the Insurance Policy in English, to be used to confirm that your insurance plan provides required coverage

Note: If employer insurance has a “waiting period”, you must purchase short term health insurance

STUDENT AGREEMENT

I request a waiver of participation for the Lone Star College System Student Health Insurance Plan. I acknowledge that I am legally responsible for any and all medical expenses during my enrollment at LSCS, and that LSCS will not be responsible for any medical expenses I may incur throughout the entire period for which I am required to have coverage. If I fail to maintain insurance coverage presented with this form, I understand that I may lose my ability to be granted a waiver in the future. I understand this request is subject to LSCS approval. If this request is denied, I understand that my student account will be billed for Student Health Insurance charges.

Student Signature ___________________________ Date ____________

PLEASE NOTE: Information contained in this waiver is kept confidential and is used only for its intended purposes

Forward the completed form with supporting documentation attached to:

LSCS Campus Designated School Official (DSO)/International Student Advisor (ISA)

OFFICE USE ONLY

Date Received ____________ Date Submitted ____________ Student Notified ____________

DSO/ISA Waiver Request is APPROVED DENIED

TO BE EQUIVALENT, STUDENT SHOULD MAINTAIN THE FOLLOWING COVERAGE AND BE IN COMPLIANCE WITH THE U.S. AFFORDABLE CARE ACT (ACA):

The student enrolled at LSCS is presently insured and the plan will start on Date ____________ and end on Date ____________

Note: Students whose plans expire prior to required coverage period will only receive conditional approval

YES NO

- Is the Plan the student’s primary medical plan?
- Treatment is at 80% or better
- Maximum deductible of $100 per policy year
- Insurance coverage is valid in the U.S. and has a U.S. based claims office
- Medical benefits coverage of at least $500,000 per insured, per policy year
- Medical benefits also include $500,000 of coverage for:
  - Well visit/preventative care
  - Maternity coverage
  - Mental Health
  - Prescription drug coverage

Reason for Denial:

Risk Management - 4/25/13 jrm