



ACCIDENT AND SICKNESS INSURANCE WAIVER FORM

INSURANCE REQUIREMENT

The University of Missouri-Columbia (MU) requires all international students to enroll in the MU Accident and Sickness Insurance plan. Coverage through the MU insurance policy is required of all students in nonimmigrant student status. Dependents in nonimmigrant status and who are lawfully permitted to take classes are also required to be enrolled in the insurance program. The premium fee for the health insurance coverage is automatically charged to the MU student account each semester when enrolling for at least one credit hour.

REQUESTING A WAIVER OF THE INSURANCE COVERAGE FEE

MU has a "hard-waiver" policy that strictly limits waivers of the mandatory insurance enrollment. Only the following exceptions are allowed: 1) Sponsorship through a government agency that provides comparable insurance coverage to the MU plan, 2) Insurance coverage comparable to the MU plan that is provided for the student through a family member's employment benefits by MU or a similar institution, or 3) other circumstances that make the student ineligible for the plan, for example, a doctoral student not residing in Columbia, Missouri, though maintaining enrollment for research credits.

To request a waiver of the MU Accident and Sickness Insurance coverage, please fill out the following information and also provide a **COPY** of your current insurance and submit to the International Center:

Family Name: _____ **First Name:** _____

MU ID#: _____ **Mizzou Email:** _____ @mizzou.edu

I AM SPONSORED BY A GOVERNMENT AGENCY (OR OTHER SIMILAR AGENCY).

Name of Sponsor Agency: _____.

The date of expiration of my coverage is: _____.

I AM INSURED BY THE UNIVERSITY OF MISSOURI (OR COMPARABLE INSTITUTION), ISSUED TO ME THROUGH MY SPOUSE OR OTHER FAMILY MEMBER.

Spouse/Family Member Name: _____.

Policy Provider/Dates of Coverage: _____ to _____.

I AM NOT ELIGIBLE FOR COVERAGE DUE TO THE FOLLOWING CIRCUMSTANCES:

Please explain: _____

I am requesting a waiver from MU Accident and Sickness Insurance Plan for the following term:

I understand that it is my responsibility to inform the International Center if there are any changes in my current health insurance coverage. I hereby request that the University of Missouri-Columbia exempt me from coverage through the MU Accident and Sickness Insurance Coverage.

Signature of student

Date

Reviewed and Approved Denied (if denied, explain in writing on back of this form).

Signature of International Student Advisor

Date