MEDICAL INSURANCE PLAN
WAIVER REQUEST FORM
STATE UNIVERSITY OF NEW YORK

[ checkboxes for International Student and Scholar Practical Training Participant, American Student, Faculty, Staff and Scholar Traveling Abroad ]

Last Name  First Name  MI  Campus
Social Security Number  Student ID Number

I have read the description of the SUNY International Student and Scholar Health Insurance Plan. I elect to waive my right to participate in this plan because I have comparable worldwide major medical insurance coverage. I understand that I must purchase the medical insurance coverage as follows, and proof is attached:

Insurance Company  Certificate/Policy Number/Group Number

[ checkboxes for Medical benefits only, All coverage including medical evacuation/repatriation policy, Year, Fall Semester, Spring Semester, Summer Semester ]

Student Signature  Data  Parent/Guardian Signature

After Validation, please retain the PINK COPY for your records

The following is a brief summary of coverages. For a complete description, please refer to your Health Insurance Office

- Accidental Death & Dismemberment: $10,000 Students  $5,000 Spouse ($1,000 Child)
- Medical Evacuation, Security Evacuation, Natural Disaster Evacuation, and Repatriation Benefits: Unlimited (arranged for and paid for by FrontierMEDEX – Benefits Over $10,000 are payable by FrontierMEDEX, not the insurer)
- Major Medical Expense Benefit: Up to $200,000 for participants ($100,000 for dependents) lifetime maximum for each covered accident or sickness for covered hospital, surgical, or medical expenses incurred while the term insured. Some vital features of this benefit are:
  1) There is a $50 deductible for each accident or sickness. The participant deductible will be waived if the first treatment for an Injury or Sickness is received at a campus student health center or if the student is referred from the health center to an off-campus medical provider. The participant deductible will also be waived for emergency hospitalization or medical care when the health center is not available and the student is in severe pain and/or a delay in receiving immediate medical care that could result in placing the student’s health in serious injury.
  2) Maternity: Pregnancy expenses for student or employees are payable on the same basis as a sickness but voluntary abortion is not covered except as provided in (3) below. Pregnancy expenses for dependents are covered, subject to certain restrictions stated in the policy.
  3) Pays up to $500 for a voluntary abortion
  4) Surgical expense is payable subject to the limits of the Policy
  5) Pre-existing conditions are covered for students. A waiting period applies to the dependents.
  6) Statutory coverage provided for Outpatient Alcohol and Substance Abuse Treatment
  7) Emotional and mental disorder: in-patient payable at 60 days lifetime benefit. Outpatient treatment limited to a maximum of 40 visits per Policy Year.

White – Business Office  Yellow – Int’l Education Office  Pink - Student