

# STATE UNIVERSITY OF NEW YORK AT BUFFALO

## Waiver of SUNY Sponsored Medical Insurance

*For Sponsored International Exchange and Study Abroad Programs*

Health and accident insurance including coverage for medical evacuation and repatriation is **mandatory** for all participants on SUNY sponsored International Exchange and Study Abroad programs. Those who do not have adequate coverage must purchase the benefit plan provided through SUNY.

If you have adequate private coverage for the entire duration of your SUNY sponsored program abroad, you must **provide proof of your insurance** by including a photocopy of your insurance ID card with this waiver form. The UB Student Medical Insurance Office reserves the right to request further information as per any private insurance presented for waiver and/or deny any waiver requests at their discretion.

Please read carefully, then sign and date the waiver statement below.

### **WAIVER OF SUNY INTERNATIONAL PLAN WHILE ON STUDY ABROAD**

*I, the undersigned, certify that I have been informed of the SUNY International Student and Scholar Health Insurance Plan and freely elect to waive my right to participate. I will be covered by a health and accident insurance policy for the duration of my study abroad. My insurance will be provided by \_\_\_\_\_, and my policy ID number will be \_\_\_\_\_. I have confirmed with my insurance company that I will be adequately covered while abroad and that claim's payment can be made for medical services received outside of the United States. Furthermore, I agree to hold harmless the University at Buffalo, SUNY, Sub-Board I, Inc. and all agencies and agents of the aforesaid organizations for any medical expenses incurred while participating in SUNY sponsored International Exchanges, Study Abroad Programs, or any other SUNY affiliated travels abroad.*

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Print Name

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UB Person Number or Social Security Number

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Study Abroad Location

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Citizenship

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Applicant's Signature

Date

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Parent/Guardian Signature (if student is under 18)

Date

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