## INTERNATIONAL HEALTH INSURANCE WAIVER FORM

**ACADEMIC POLICY TERM: FALL 2010** 

(This waiver form is for SUNY at Buffalo international students only.)

<u>PLEASE SUBMIT TO</u>: SUITE 223 STUDENT UNION, SUNY BUFFALO-NORTH CAMPUS, BUFFALO, NY 14260 PH: (716) 645-3036 / FAX: (716) 645-3465 / PDF E-MAIL: ASKSMI @BUFFALO.EDU

## Please print clearly and carefully read the following stipulations:

- 1.) Partial and/or incomplete waivers will not be processed and the applicant may be subject to late fees from the Student Medical Insurance Office and/or the UB Bursars Office. Communication requesting further information will be directed to the e-mail address supplied by the applicant below.
- 2.) All waivers must be accomplied with proof of enrollment. (A photocopy of an insurance ID card or a letter from your employer/government stating effective dates of coverage—all private insurance must be in effect by the first day of classes in order to waive the University Insurance policy).
- 3.) Any student presenting a privately held insurance policy for waiver may be e-mailed at the address provided below and required to provide a Clarification of Benefits form in order to determine the comparability of the private policy to SUNY's requirements.
- 4.) Submission Deadline for Fall 2010 waivers: Tuesday 5 October 2010
  - a. Late Waiver Submission Deadline: Tuesday 2 November 2010
    (All late waivers must be accompanied by a \$50.00 processing fee payable to "Sub-Board I, Inc.)
  - b. No waiver requests will be accepted or considered past 2 November 2010.

LAST NAME	FIRST NAI	ME M	DATE OF BIRTH	:// Mo. Day	Year
U.S. MAILING	ADDRESS	TOWN/CITY	STATE /PROV	ZIP CODE	-
() U.S. TELEPHONE	EMAIL ADDRESS	UB DEPT OR PROGRAM		HOME COUNTRY	
UB PERSON NUMBER	SOCIAL SECURITY NUMBER	VISA TYPE		O MALE or O FEMALE	
NAME OF COMPANY/AGENCY ISSU	IING YOUR POLICY:				
HAVE YOU WAIVED UB'S INSURANG	CE IN A PREVIOUS YEAR WITH THIS	SAME POLICY ?	OYES	or O NO	
ARE YOU A STUDENT COVERED BY	Y A SPONSORING AGENCY (FULBRIG	HT, YOUR EMBASS	Y, ETC.) ? O YES_	SPECIFY	or <b>O</b> NO
POLICY ITEM MANDATED BY T CONSIDERED EFFECTIVE ONL 2012 ACADEMIC YEAR. I ALSO UNIVERSITY AT BUFFALO AND ORGANIZATIONS, FOR ANY ME COVERAGE. THE UB STUDENT AND/OR DENY ANY REQUEST F PHARMACY IN MICHAEL HALL A CHARGED RETROACTIVELY FO	R MAY ONLY BE PROCESSED IF HE STATE UNIVERSITY OF NEW Y THROUGH 14 AUGUST 2011 ANI FULLY AGREE TO HOLD HARMLE SUB-BOARD I, INC., AND ALL AGE DICAL EXPENSES I MAY INCUR D MEDICAL INSURANCE OFFICE H FOR WAIVER AT THEIR DESCRET AND HAVE THE CHARGES BILLED OR THE FULL MEDICAL INSURANCE ICANT'S SIGNATURE	YORK. I ALSO UND THUS, I MUST SESS THE STATE UND AGENCOUS TO LIMITATION IAS THE RIGHT TO TO THE INTERNATION. I UNDERSTANTO TO THE INTERNATION.	IDERSTAND THIS SUBMIT ANOTHER NIVERSITY OF NEI CIES OF THE AFOR NS OF MY PRIVAT O REQUEST ADDITAND THAT IF I USE	WAIVER IS WAIVER FOR W YORK, THE RESAID TE HEALTH INS TIONAL INFORI THE LAB OR NCE PLAN, I WI Y OF WAIVER.	THE 2011 SURANCE MATION
FOR OFFICE USE ONLY:	DATE PROCES	SSED/	/		
O Accepted O Deleted from roster	O Accepted wit O Letter of noti O Enrolled into			O Denied O Letter of not	ification
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