

International Student Health Insurance Waiver

2014-2015

****ATTENTION****

The health insurance waiver for international students will be an online process starting Fall 2014. If you will be seeking a waiver, you will first need to have your **insurance company** complete the “Clarification of Benefits” form.

Once the “Clarification of Benefits” form is completed, use the information to submit the online waiver. The link to the online waiver is:

<http://hthworldwide.force.com/SUNY>

If you are using OHIP or Aetna Health Insurance (as part of SACM) please contact the office for a “SPECIAL CIRCUMSTANCE WAIVER”

After your waiver is submitted online waiver system, you would bring your completed clarification of benefits form to the Student Medical Insurance Office—315 Student Union.

INSURANCE COMPANY:

Please return this form ASAP

By Fax: 716-645-3465

By Mail: University at Buffalo Medical Insurance, Suite 315 Student Union, Buffalo, NY 14260

By E-mail PDF: asksmi@buffalo.edu

CLARIFICATION OF INSURANCE POLICY BENEFITS - INBOUND INTERNATIONAL

This form should be completed and signed by a representative of your insurance company. You must also sign the acknowledgement at the bottom of the form. All monetary units must be expressed in U.S. dollars.

Student Name: _____ Person number: _____

Insurance Company Name: _____ Policy Number: _____

1. Effective dates of coverage _____ / _____ / _____ Through _____ / _____ / _____
2. Total maximum benefit amount \$ _____
3. Deductible Amount \$ _____
4. Accidental Death Benefit \$ _____
5. Didmemberment Benefit \$ _____
6. Are pre-existing conditions covered? YES NO
Duration of possible waiting period? _____ Months
*Has it been met? YES NO
7. Is medical evacuation covered? YES NO
To what amount? \$ _____
8. Is repatriation covered? YES NO
To what amount? \$ _____
9. Maximum daily benefit for in-hospital room & board \$ _____
10. Are outpatient emotional and mental disorders covered? YES NO
To what amount? \$ _____
11. Are inpatient emotional and mental disorders covered? YES NO
To what amount? \$ _____
12. Is outpatient alcoholism and substance abuse covered? YES NO
To what amount? \$ _____
13. Are prescription drugs covered? YES NO Limit: \$ _____
14. Are x-rays and lab work covered? YES NO Limit: \$ _____
15. Are ambulance charges and medical equipment rental expenses covered? YES NO Limit: \$ _____

_____/_____/_____
Insurance Representative Name Insurance Representative Signature Phone Date

I affirm all of the supplied information above is truthful. I take full responsibility for the answers I have supplied above, and fully agree to hold harmless the University at Buffalo/Sub Board I, Inc. for any incorrect translation or medical expenses I may incur due to the limitations of my private health insurance coverage. I give permission for enrollment and benefit information to be released to the SBI Student medical Insurance Office at the University at Buffalo for the purpose of attempting an insurance waiver and to file for statistical use and use of the participant for medical reasons.

_____/_____/_____
Policy Holder Signature Date Policy Holder's Email Address