

## International Health Insurance Summer Waiver Form COVID-19

This form is only for use while COVID-19 campus measures are in effect.

The purpose of this form is to request cancellation of your International Health Insurance because you will be outside the US for at least three entire calendar months. An example of a person absent from the U.S. for three calendar months would be someone who left the U.S. on April 15 and returned on August 2, since they would be absent from the U.S. for all of May, June and July.

☐ **Complete this form** & submit it along with a copy of your purchased ticket and/or itinerary that confirms booked reservations for your departure either in person to the International Center Insurance Office, or **scan & email** to [ihi@umich.edu](mailto:ihi@umich.edu).

**Waiver applications must be received within 30 days of your departure from the US.** You will receive email notification at **your UM email** once your request is approved or denied. Your waiver has only been approved if you receive an email confirming approval.

No waiver applications will be accepted outside 30 days of your departure, or upon return to the US. **This process must be completed before the 30 day deadline.**

LAST NAME	FIRST NAME	UM I.D. #

<b>WAIVER START DATE:</b>		<b>WAIVER END DATE*:</b>	7/31/2020 or return date (if earlier):
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\*Note: all waivers expire on July 31st.

**WARNING:** Upon approval of this waiver you will no longer have UM International Health Insurance coverage from the approved waiver start date until the approved waiver end date.

\*If your travel arrangements change, you will need to contact our office upon making changes or prior to arrival to the US, so that your insurance coverage can be adjusted accordingly.

<b>SIGNATURE</b>	<b>DATE</b>

For Office Use Only:

☐ **APPROVED**

☐ **DENIED**

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_ Documents: ☐ Attached ☐ Imaged ☐ None