



James Madison University - **International Student & Scholar Services**
 JMAC 6, Suite 23 - MSC 5731 - Harrisonburg, VA 22807 - U.S.A.
 Tel: (540) 568-6119 - Fax: (540) 568-8080 - E-mail: iss@jmu.edu

Health Insurance Waiver

This waiver must be submitted to the Office of International Student & Scholar Services in JMAC 6 by the end of the second full week of classes. In order to qualify for a health insurance waiver, the student's insurance coverage must meet health insurance requirements set forth by JMU and the U.S. government.

Student Name: _____ **JMU I.D. Number:** _____

I certify that I have health insurance which will cover my medical costs while I attend JMU. My health insurance policy shows that it:

Is valid for the entire year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will pay medical benefits of at least \$50,000 per injury or illness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Offers repatriation benefits of at least \$10,000.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provides coverage for pre-existing conditions within 6 months of being insured.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allows claims to be paid directly to the health service provider or has a U.S. administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is written in English or comes with an official English translation.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach a copy of your policy in English with the verification of this information highlighted to facilitate approval. **Documentation which includes a copy of your policy and insurance card indicating the enrollment period must be submitted with this waiver request.**

I understand my insurance policy will be kept current, as insurance is mandatory while attending James Madison University. Because I have another insurance, I request a waiver from the health insurance offered to students by JMU.

Signature: _____

Date: _____

For office use only

Waiver Approved Waiver Denied DSO Signature: _____ Date: _____