

INTERNATIONAL STUDENT WAIVER APPLICATION

Student Health Insurance Plan
University Health Services
333 East Campus Mall
Madison, WI 53715-1381



Phone: (608) 265-5232
Fax: (608) 265-5668
shipmail@uhs.wisc.edu
uhs.wisc.edu/ship

This Waiver Application is for international students **registered for classes** at UW-Madison with an active non-immigrant status (such as F-1, J-1, H-1, etc.).

All International Students and visa dependents are required to have UW-Madison approved health insurance coverage. This requirement is administered by the UW-Madison Student Health Insurance Plan (SHIP) office – a unit of University Health Services. International students must purchase SHIP for themselves and any visa dependents or file a qualifying waiver. **Waivers will only be approved for International Students and visa dependents who meet one of the criteria listed under the INSURANCE SECTION on this Waiver Application. Individual and private insurance plans (including travel insurance and Marketplace plans) DO NOT qualify for a waiver.**

Qualifying waivers must be filed at the SHIP office by the following deadlines:

International Student Compliance Deadlines

Spring/Summer: February 14, 2025

NOTE: International Students who are employed at UW-Madison and have coverage through a Wisconsin State Health Insurance Plan do not need to file this Waiver Application as long as they are the main member and the insurance is effective on or before February 1, 2025. If these criteria are met the SHIP office will file an automatic waiver on your behalf.

International students who fail to file a qualifying waiver or enroll in SHIP by the compliance deadline will be charged a late fee of \$100 in addition to any required SHIP premiums. Note: International students who meet the criteria for an automatic waiver will not be subject to any late fee charges.

All completed Waiver Applications must be submitted along with a copy of the front and back of the health insurance ID card and/or written verification of coverage by email to: shipmail@uhs.wisc.edu. **Incomplete Waiver Applications will not be accepted.** If your documents are not in English, you will be required to have them translated. Once your Waiver Application has been reviewed a decision notification will be emailed to you.

I acknowledge that by submitting this form, I am waiving out of SHIP and certify that:

- I satisfy one of the criteria listed under the Insurance Section of the Waiver Application for the required period.*
- I understand that if there is a gap of 31 days or less between the beginning of the SHIP compliance period and the effective date of my qualifying insurance coverage, I will not be required to enroll in SHIP for that period, but I may do so if I wish.*
- I understand that if there is a gap of greater than 31 days between the beginning of the SHIP compliance period and the effective date of my qualifying insurance coverage, I will be required to pay SHIP premiums from the beginning of the compliance period up until the effective date of the waiver. I understand that waivers are effective from the 15th of the month following the active qualifying insurance coverage start date.*
- I understand that if I enroll in SHIP and then file a qualifying waiver that covers part or all of the same period, I will only be eligible for a refund of SHIP premiums from the 15th of the month following SHIP office verification of active qualifying insurance coverage.*
- I understand that if my qualifying insurance coverage ends during the waived period I must enroll in SHIP or file another qualifying waiver within 31 days of the insurance end date. I understand if I do not qualify for another waiver, my SHIP coverage will be effective from the beginning of the 31-day compliance period. I understand if I do not qualify for another waiver and fail to enroll in SHIP within 31 days, a \$100 late fee will be payable in addition to any required SHIP premiums.*
- I understand that it is my responsibility to file a new Waiver Application by the compliance deadline following the waiver end date, if I still have active qualifying insurance coverage at that time.*
- I will be solely responsible for all medical expenses, and neither UW-Madison nor SHIP, will be held responsible for any medical expenses that I incur.*
- I understand that information provided herein is confidential and will be used for the sole purpose of documenting my decision to waive out of SHIP and will not be made available to any third party.*
- I understand that UW-Madison may verify this information through an auditing process. I understand that all waiver approval or denial decisions are made at the sole discretion of University Health Services. If it is determined that the information provided on this form is invalid, I understand that I will be enrolled into and billed for SHIP coverage for the relevant coverage period and a \$100 late fee will be payable in addition to any required premiums.*

APPLICANT INFORMATION					
(Select) <input type="checkbox"/> International Student					
University ID Number		First Name		Middle Initial	Last Name
Local Address	Apt. Number	City	State	Zip Code	
E-mail Address:		Contact Phone	Birth Date (month/day/year):		<input type="checkbox"/> Female <input type="checkbox"/> Male
VISA DEPENDENT INFORMATION: Please provide a copy of stamped passports and DS-2019s or I-20s					
First Name		Middle Initial		Last Name	<input type="checkbox"/> Spouse / Partner
First Name		Middle Initial		Last Name	<input type="checkbox"/> Child
First Name		Middle Initial		Last Name	<input type="checkbox"/> Child

INSURANCE SECTION (to be completed by all applicants)	
<p>I certify that I satisfy one of the following criteria (A, B, C or D) and that insurance coverage will remain in effect through the current semester, academic year, or DS-2019 end date:</p> <p>A. I am covered as a <u>main member</u> of a Wisconsin state health insurance plan provided by UW-Madison <input type="checkbox"/> GHC <input type="checkbox"/> Dean Health Plan <input type="checkbox"/> Quartz - UW Health <input type="checkbox"/> Access Plan by Dean Health Plan <i>Please be advised that the High Deductible Health Plan (HDHP) coverage option <u>does not</u> qualify for a waiver</i></p> <p>B. I am covered as a <u>dependent</u> on a Wisconsin state health insurance plan provided by UW-Madison <input type="checkbox"/> GHC <input type="checkbox"/> Dean Health Plan <input type="checkbox"/> Quartz - UW Health <input type="checkbox"/> Access Plan by Dean Health Plan <input type="checkbox"/> SHIP Primary Member Name: _____ Primary Member University ID: _____ <i>Please be advised that the High Deductible Health Plan (HDHP) coverage option <u>does not</u> qualify for a waiver</i></p> <p>C. I am covered by a US-based group health plan (not through UW-Madison) as an employee, or dependent of an employee Name of Employer: _____ Name of Insurance Plan: _____</p> <p>D. I am studying or researching outside the United States (Academic Advisor or Departmental Verification required.)</p> <p>E. My visa is issued by another educational institution or an employer in the U.S. (I-20, DS-2019 or I-797 required)</p> <p>F. I am covered under one of the following organizations which has an active waiver agreement with the SHIP office</p> <p> <input type="checkbox"/> Embassy of Kuwait / Cultural Division <input type="checkbox"/> Embassy of Oman / Cultural Division <input type="checkbox"/> KAUST Gifted Student Program <input type="checkbox"/> Master of Engineering On-line Program <input type="checkbox"/> Royal Thai Embassy (OEA) <input type="checkbox"/> Saudi Arabia Cultural Mission (SACM) <i>(Financial Guarantee Letter required)</i> <input type="checkbox"/> Student Scholarship Program (SSP) of SABIC </p>	

Please note that this Waiver Application cannot be accepted unless it is accompanied by a copy of the front and back of the health insurance ID card and/or written verification of coverage. If you are unable to obtain the required documentation, please notify the SHIP office immediately. I acknowledge that by submitting this form, I am waiving out and certify that I understand and have carefully read Page 1 and Page 2 of this Waiver Application.

X _____ International Student Signature of Understanding		_____ Date (month/day/year)
For further information regarding SHIP policies and procedures, please refer to our web-site: www.uhs.wisc.edu/ship		

THIS SECTION - FOR SHIP OFFICE USE ONLY							
<input type="checkbox"/> Waiver Denied (Student notified)		<input type="checkbox"/> Waiver Accepted		<input type="checkbox"/> Page 1 Given		Staff ID:	Date:
<input type="checkbox"/> Late Fee Applies:		<input type="checkbox"/> Late Fee Paid (Payment Only Form Attached)		<input type="checkbox"/> Late Fee Not Paid:		<input type="checkbox"/> Hold Placed by:	
SHIP Effective	SHIP End /14/	<input type="checkbox"/> SHIP Paid	<input type="checkbox"/> SHIP Not Paid	Waiver Eff.	Waiver End	Other Ins. Start	Other Ins. End
<input type="checkbox"/> Remove Hold		Other Ins. Coverage Verified by:			Waiver Entered by:		
Hold Removed by:							