

University of Northern Iowa
International Student Health Insurance Waiver
Please read waiver guidelines prior to submission

Section I: Student Information (please complete all information)

| | | | |
|----------------------------|--|-------------------------|----------------|
| Last Name _____ | | First Name _____ | |
| Local Street Address _____ | | | |
| City _____ | | State _____ | Zip code _____ |
| UNI ID# _____ | | UNI email address _____ | |

Section II: Insurance Information

I certify that I will have health insurance under one of the following throughout the current academic year (please check appropriate box):

- I have Government-sponsored U.S. insurance provided. (ex: Saudi Mission, Kuwait)
- I have Corporate insurance coverage provided by an employer in the U.S. (ex: John Deere & Co.)
- I have documentation that I am a Permanent U.S. Resident
- I have insurance coverage that meets **all** of the criteria of comparable coverage
- None of the above applies. You are not eligible to submit a waiver.

Section III: Please attach a copy of the following items with this request

1. Written verification on official letterhead of health insurance coverage from a sponsoring government. (ex: Kuwait)
2. A copy of your insurance card, front and back.
3. A copy of your qualifying comparable insurance policy showing an effective date and ending date of coverage, policy coverage, and U.S. insurance company address.

Return waiver form and supporting documentation to:

UNI Student Health Clinic
Email: ship@uni.edu
Fax: (319) 273-7030

UNI Student Health Clinic
Bldg. 0221
Cedar Falls, Iowa 50614-0221

Please allow 1-2 weeks for processing. You will be notified of the decision through your UNI email.

Student Signature

Date

For office use only:

Date form and policy received _____ Email notification sent _____
Approved _____ Denied _____ Notes: _____