

International Student Health Insurance Waiver Form

International students who have adequate coverage *prior to the beginning of classes* may obtain a waiver of the insurance charge by presenting this completed and signed form to Emily Lambdin, International Studies Coordinator prior to July 1 for fall enrollment or December 1 for spring enrollment. This form is a certification from the insurance company that the minimum coverage requirements listed below are met or exceeded. Coverage must be valid at least through December 31 for the fall semester and May 31 for the spring semester.

Student Name: _____
Last/Family Name (Surname)
First (Given) Name
Middle Name

Date of Birth: _____ **Telephone:** _____ **Email Address:** _____
MM/DD/YYYY

Current Address: _____
Number and Street Name
Apartment Number

City
State/Province
Postal Code
Country

Country of Citizenship: _____ **Country of Birth:** _____

Please have a representative from your health insurance agency fill out the appropriate information below. You may also wish to attach a copy of your current coverage.

Name of Insured: _____ **Policy Number:** _____

Coverage Effective Date: _____ **Coverage Ending Date:** _____

This is to certify that the above person is insured by:			
Name of Insurance Company / Sponsor / Employer:			
Address:			
Phone Number :		Fax Number:	
With this statement, I hereby certify that the insurance provided in the above-named student's policy meets the following minimum requirements:			
1)	Medical benefits of at least USD\$50,000	Yes	No,
2)	Coverage of at least \$10,000 for repatriation of remains	Yes	No,
3)	Coverage of at least \$15,000 for medical evacuation	Yes	No,
Name of Insurance Company Representative (Please Print):			
Signature:			Date:

CC: Student Life, Business Office

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