

South Dakota Board of Regents International Student Health Insurance Waiver Forms & Instructions

South Dakota Board of Regents (SDBOR) requires all international students to have health insurance as a condition of enrollment at a University. SDBOR requires that students purchase University approved health insurance. However, under limited circumstances, SDBOR may waive this requirement if a student provides adequate proof of coverage by completing the Health Insurance Waiver Request Form.

To apply for a waiver or cancellation, students must meet one of the following criteria:

1. Sponsored Student Insurance (Embassy, Government, NGO, etc. Does NOT include family-sponsored insurance.)
2. Employer Sponsored Insurance (including Medical Evacuation and Repatriation) for Employees or Dependents
3. Athletic Insurance for Primary Insurance Only
4. Resident Alien for Tax Purposes
5. ISEP or other official Exchange Program
6. Home Country Coverage that has been pre-determined to meet SDBOR minimum Coverage Requirements (detailed on Form B) and is valid in the United States (very limited circumstances)
 - a. Students must first check with their international office to determine if their insurance policy has been pre-approved.

Included in this international student health insurance waiver packet are:

Form A: Health Insurance Waiver Request

Form B: Waiver Comparison

Form C: Employer Insurance Verification Worksheet

Please note that student athletes, whether International or U.S., are also required to comply with separate NCAA/NAIA requirements. This form does not waive such NCAA/NAIA requirements and international student athletes may still be required to obtain insurance for sports per that University process.

To obtain a waiver, you must complete the following:

- Step 1:** Submit an official letter from your health insurance carrier/government to document that your current medical insurance plan meets the SDBOR requirements detailed on Form B. The letter must be written in English.
- Step 2:** Submit a certificate of insurance from your health insurance carrier/government that indicates the dates of coverage and verifies that the insurance is valid in the United States. The documentation must be written in English.
- Step 3:** Complete Forms A and B. Form C applies only to students who receive employer-based health insurance.
- Step 4:** Return the forms and documents to the University prior to the first day of classes in the term.

**South Dakota Board of Regents
Form A: International Student Health Insurance Waiver Form**

Name: _____ Citizenship: _____

Student ID: _____ University: _____

I am: An undergraduate Student A graduate Student

I qualify for the waiver or cancellation under the following category:

- I am a sponsored student. (Embassy, Government, NGO such as Fulbright or IIE, other).
 - Attach a copy of your letter of sponsorship and a copy of your insurance card to Form A.
- I am covered as a U.S. based employee or as a dependent of a U.S. based employee.
 - Attach a copy of the health insurance card or other proof of coverage along with Form C.
 - Attach proof of enrollment in travel insurance that covers Repatriation of Remains and Emergency Evacuation (Form C) to your legal country of citizenship as it is not included in your employee health coverage.
- I have Athletic Insurance (Primary Insurance) and University has approved documentation.
- I am a resident alien for tax purposes.
- I am enrolled in an official Exchange program, such as ISEP and have home country coverage that meets the SDBOR minimum requirements and is valid in the US.
- I have home country coverage that has been pre-determined by my institution to meet the SDBOR minimum requirements and is valid in the U.S.

I acknowledge that by submitting the health insurance waiver form, I am requesting to be waived out of the SD Regental student health insurance plan and certify that:

1. I am currently enrolled in a health insurance plan that will remain in effect during my enrollment at the University.
2. I have communicated with my health insurance plan carrier and determined that the benefits meet the minimum SDBOR health insurance requirements, meet immigration requirements and will adequately cover me during transit and during my stay in the U.S.
3. I understand that only if I am involuntarily terminated from my existing coverage or have a qualifying event under the University approved health insurance plan, may I be eligible to enroll in the University approved health insurance plan.
4. I agree to pay for all medical expenses not covered by insurance. The University will not be held responsible for any medical expenses that I incur during my enrollment or during my stay in the U.S.
5. I will notify the international student/scholar services office if my insurance coverage changes or if it ends during the semester.
6. I will promptly pay expenses incurred through my healthcare provider that are not covered by my policy, for example, copayments or deductible amounts.
7. I must renew my health insurance waiver form each semester (or quarter if on the quarter system) or at the end of my last waiver period, whichever comes first.

I understand that information provided herein is confidential and will be used for the sole purpose of documenting my decision to waive the SDBOR student health insurance. I am also granting SDBOR and its agents the permission to verify this information through an auditing process. I understand that the waiver approval or denial decisions are made at the sole discretion of the University. If it is determined that the information provided on this form is invalid, I understand that I will be required to purchase a University approved student health insurance plan for that semester (or quarter if on the quarter system) and for future, subsequent semesters/quarters. Otherwise, a hold will be placed on my student account and I may be withdrawn from enrollment (for example, no transcripts can be obtained; no further course registration is possible).

Signature of Student (must be at least 18 yrs of age)

Date

Signature of Parent/Guardian/Sponsor if Under 18 yrs.

Campus has reviewed and validated coverage. - Campus Approval: Yes or No
Campus Name and Signature: _____

South Dakota Board of Regents
Form B: International Student Health Insurance Waiver Form

Waiver Comparison

With your company's Summary of Coverage, use this worksheet to compare your health insurance plan to the SDBOR minimum health insurance requirements.

SDBOR Minimum Plan Requirements Student's Coverage

- Coverage Dates - Valid policy coverage dates for the effective semester(s) or year.
- Coverage - Coverage valid in South Dakota for outpatient care, hospitalization, emergency room, accidents, medical and surgery needs to be provided.
- Medical Benefits - Minimum \$500,000 USD coverage; medical benefits of at least \$100,000 USD per accident or illness.
- Repatriation of Remains - At least \$25,000 USD coverage for repatriation.
- Medical Evacuation - Expenses associated with the medical evacuation to his or her home country included -- \$50,000 USD minimum.
- Deductible - Not to exceed \$500 USD per accident or illness.
- Medical Coverage - At least 75% coverage for each accident or illness.
- Reimbursement - Health plan has a non-reimbursement policy. This means that all medical bills must be paid DIRECTLY by the insurance company to the medical provider, including all medical providers in South Dakota.
- Miscellaneous - The Plan must be in compliance with 22 CFR 62.14.

At the discretion of the university, exceptions to the specific minimum dollar amounts of the above plan requirements may be made provided the coverage plan otherwise meets the intent of the Board insurance policy.

Waiver Policy Information

Policy Holder Name: _____

Relationship to student: _____

Effective Date: _____ Termination Date: _____

Insurance Company Name: _____

Member ID or Subscriber No: _____

Address of Insurance Company: _____

Phone Number (Include full Country Code Nos): _____

Employer Name: _____

South Dakota Board of Regents
Form C: International Student Health Insurance Waiver Form

STUDENT PORTION:

I understand I must provide this form EACH SEMESTER (or once annually) that I am enrolled for credits at a South Dakota Public University. I must renew my full health insurance waiver application each term or at the end of my last waiver period, whichever comes first. Otherwise, I must purchase a Board of Regents approved insurance plan; failure to do so will result in a hold on my student account (e.g. no transcripts can be obtained; no further course registration is possible, etc.).

Student Signature: _____ Date: _____

EMPLOYER PORTION:

Please accept this as verification that the above listed student is currently provided with health benefits through the insurance plan, which meets the requirements listed in Form B. These benefits are expected to remain in effect throughout their employment with our company.

Name of primary insured: _____

Insurance ID number of primary insured: _____

Insurance company name: _____

This plan also (please select one of the options below):

- DOES provide coverage for Repatriation of Remains (\$25,000 minimum) and Emergency Evacuation (\$50,000 minimum) to the student's country of legal citizenship.
- DOES NOT cover Repatriation of Remains and Emergency Evacuation to their country of origin. The student must purchase additional SDBOR sponsored insurance for that purpose.

Employer Name: _____

Effective Dates of Coverage: _____

Supervisor/Human Resources Signature: _____

Printed Name/Title: _____

Date: _____ Phone: _____

Attach a copy of the insurance card, copy of the insurance policy as applicable. If insurance does not cover Repatriation and Medical Evacuation, student will be responsible to purchase the SDBOR sponsored add-on insurance for the entire semester/year.