



## International Health Insurance Cancellation and Waiver Form

Health Insurance Office  
ihi@umich.edu

### For Students on Post-Completion Optional Practical Training (OPT) ONLY

The purpose of this form is to request cancellation of your International Health Insurance because you are now covered by insurance provided by your OPT employer. If your request is approved, a scanned copy of the signed form will be e-mailed **to your U-M email address** for your records. If your request cannot be approved, you will be notified via your U-M e-mail account.

Attach a copy (front and back) of your new insurance card OR a letter from your employer's human resources department (on its letterhead) including the date your health insurance coverage began.

*If you have F-2 dependents you must demonstrate that you have signed your entire family up for coverage.*

Attach your Medical Evacuation/Repatriation Coverage Enrollment Form if you are enrolling in Medical Evacuation/Repatriation Coverage (**strongly recommended**).

*In cases of extremely serious illness or death, this medical evacuation/repatriation coverage will pay reasonable and customary charges for medical evacuation or for the repatriation of mortal remains to the home country. The cost is \$30 per academic year (Sept. 1 through August 31). Most insurance provided by employers does not include this coverage.*

Fill out Section A and Section B of this form, sign the form, and return it via fax to 734.647.2181 or via mail to International Health Insurance Office, U-M International Center, 603 East Madison Street, Ann Arbor, MI 48109-1370.

Note: If your employer is the University of Michigan (Ann Arbor), do not fill out this form. Your International Health Insurance coverage will be cancelled automatically once your U-M health insurance benefits begin

### Section A: Cancellation Request

Name: \_\_\_\_\_

UMID: \_\_\_\_\_

**Please cancel all U-M International Student/Scholar Health Insurance Plan coverage for me (and any dependents if applicable) effective \_\_\_\_\_ because I am covered by insurance provided by my employer as described below:**

Note: The effective date must be the last day of the month your new insurance began, unless your insurance started on the first business day of the month, in which case you should enter the last day of the previous month. For example, if you start work on October 15, put "October 31" on the form. If you start work October 1, put "September 30" on the form. If the International Center does not receive this form within 60 days of the coverage start date, the effective date will be last day of the month before the Center receives the form. For example, if your insurance started September 21, but the International Center does not receive this form until February 21, the cancellation date will be January 31st.

### Section B: Insurance Company Information

Insurance Company Name: \_\_\_\_\_

Insurance Company Billing Address: \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_

Coverage Start Date: \_\_\_\_\_

ID# / Contract # (include all letters and numbers): \_\_\_\_\_

Policy or Group number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: International Center approval:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Enter insurance waiver with waiver option "Private".