

# International Health Insurance Waiver Request Form (AT)

(For Students on J-1 Post-Completion Academic Training 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 AT employer. If your request is approved, a confirmation email will be sent to your U-M email address for your records.

**Complete this form and scan together with the documents listed below & email to [ihi@umich.edu](mailto:ihi@umich.edu).** Use a scanner or a scanning app on your phone since we cannot accept photos of your documents.

**Proof of Insurance:** Attach a copy of your new insurance card (both front and back) OR a letter from your employer's human resources department including the date your health insurance coverage began. Include proof of insurance for any dependents as well.

**Insurance Plan Summary:** Attach a summary of your insurance coverage, including medical evacuation/repatriation coverage if your plan includes it (most insurance plans provided by employers do not). Your insurance must cover at least \$100,000 per accident or illness \* and your deductible must not exceed \$500 per accident or illness \*\*.

\* Insurance from your AT employment will almost certainly cover much more than this.

\*\* When you select insurance from your AT employer, make sure you do not choose a plan with an annual deductible that is higher than \$500.

**Medical Evacuation/Repatriation Coverage Enrollment Form:** Required unless your insurance from your AT employer includes these minimum amounts for medical evacuation (\$50,000) or repatriation of mortal remains (\$25,000) to your home country.

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>UMID #</b>
<b>INSURANCE COMPANY:</b>		<b>DATE INSURANCE BEGAN:</b>

<b>DATE TO CANCEL UM INSURANCE (see below note):</b>	
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**Note:** The cancellation 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 on October 1, put "September 30" on the form.)

However, if the International Center does not receive this form **within 60 days** of the coverage start date, **the cancellation 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 31.)

<b>SIGNATURE</b>	<b>DATE</b>

For Office Use Only:

**APPROVED**

**DENIED**

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_ Documents:  Attached  Imaged  None