

International Health Insurance Winter Waiver Form COVID-19

This form is only for use while COVID-19 campus measures are in effect.

The purpose of this form is to request cancellation of your International Health Insurance because you will be outside the US for at least three entire calendar months. An example of a person absent from the U.S. for three calendar months would be someone who left the U.S. on November 27 and will return March 12, since they would be absent from the U.S. for all of December, January and February.

Complete this form & submit it along with a copy of your **purchased ticket** and/or **itinerary** that confirms booked reservations for your departure via **scan** & email to ihi@umich.edu.

*If you previously had a COVID-19 Summer or Fall Waiver, please submit your **I-94 travel history** with form.

Waiver applications must be received by 01/31/2021 or within 30 days of your departure from the US. You will receive email notification at your UM email once your request is approved or denied. **Your waiver has only been approved if you receive an email confirming approval.**

No waiver applications will be accepted outside 30 days of your departure or waiver expiration. Waiver applications cannot be submitted upon return to the US. **This process must be completed before 01/31/2021 or the 30 day deadline.**

LAST NAME	FIRST NAME	UM I.D. #

WAIVER START DATE:		WAIVER END DATE*:	07/31/2021 or return date (if earlier):
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*Note: all waivers expire on July 31, 2021

WARNING: Upon approval of this waiver you will no longer have UM International Health Insurance coverage from the approved waiver start date until the approved waiver end date.

**If your travel arrangements change, you will need to contact our office upon making changes or prior to arrival to the US, so that your insurance coverage can be adjusted accordingly.*

SIGNATURE	DATE

For Office Use Only:

APPROVED

DENIED

Authorization: _____ Date: _____ Documents: Attached Imaged None