

International Health Insurance Temporary Absence Waiver Form

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 April 27 and will return August 12, since they would be absent from the U.S. for all of May, June and July.

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

Waiver applications must be received 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 more than 30 days after your departure. Waiver applications cannot be submitted upon return to the US. **This process must be completed before the 30 day deadline.**

LAST NAME	FIRST NAME	UM I.D. #

WAIVER START DATE:		WAIVER END DATE*:	07/31/2022 <i>or return date:</i>
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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
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For Office Use Only:

APPROVED

DENIED

Authorization: _____ Date: _____ Documents: Attached Imaged None