

SUNY Plattsburgh International Student Health Insurance Waiver WORKSHEET

*Please complete entire worksheet **BEFORE** beginning the online waiver process*

Personal Information										
First/Given name										
Middle name (if applicable)										
Family/Last name										
Plattsburgh Banner ID#	7	0								
Date of birth (MM/DD/YYYY) example: 08/15/2015										
Semester to be waived	Fall _____		Spring _____		Academic Year (Fall & Spring) _____					
Semester to be waived	Fall		Spring		Academic Year					
SUNY campus location	Plattsburgh									
Visa type	<input type="checkbox"/> J-1 <input type="checkbox"/> F-1 <input type="checkbox"/> Other:									
Home country (where you and your family live)										
Plattsburgh email address	@plattsburgh.edu									
Personal email address										
Local Address in United States										
Address Line 1 (If on campus, 101 Broad Street)										
Address Line 2 (if on campus, residence hall & room #)										
City (If on campus, Plattsburgh)										
State (If on campus, New York)										
Zip Code (if on campus, 12901)										
Health Insurance Company Information										
Insurance company name										
Insurance company telephone number	Area Code:		Number:							
Address of insurance company										
Address Line 1										
Address Line 2										
City										
State/Province										
Zip Code/Postal Code										

Health Insurance Policy Information	
Insurance policy or certificate number issued to you	
Effective (start) date of insurance (MM/DD/YYYY) of your insurance	
Termination (end) date of insurance (MM/DD/YYYY) of your insurance	
Is there an annual maximum benefit per injury or accident? (Answer yes or no)	
If yes, up to what amount in US dollars is covered?	
Is treatment for mental illness covered? (Answer yes or no)	
If yes, how many inpatient treatment days are covered?	
If yes, how many outpatient visits are covered?	
Are 100% of inpatient hospital costs covered? (Answer yes or no)	
If not, up to what percentage of total cost is covered?	
Are the costs for prescription drugs covered? (Answer yes or no)	
If yes, up to what amount in US dollars is covered?	
Are the costs of treatment for attempted suicide and/or self-inflicted injuries covered? (Answer yes or no)	
Are the costs of treatment for alcohol and/or substance abuse covered? (Answer yes or no)	
Are 100% of the costs for doctor office visits covered with no co-pay? (Answer yes or no)	
Are 100% of the costs for non-emergency care with in-network providers covered? (Answer yes or no)	
If not 100% covered, up to what number of visits is covered?	
If not 100% covered, up to what amount in US dollars is covered?	
Does your insurance company cover pre-existing conditions? (Answer yes or no)	
Is there an annual deductible? (Answer yes or no)	
If yes, what is the amount in US dollars?	
Is the cost of medical evacuation covered? (Answer yes or no)	
Is the cost of repatriation of remains covered? (Answer yes or no)	
Does your insurance plan have a claims payment within the US? (Answer yes or no)	
Does your plan pay providers directly for both doctor office visits and inpatient services? (Answer yes or no)	

PLEASE PRINT, COMPLETE, AND KEEP A COPY FOR YOUR RECORDS

SUNY International Insurance Waiver Appeal Process

If your online request for a waiver is denied, you can appeal the decision directly to the State University of New York (SUNY). You must request reconsideration by submitting this completed worksheet with the required signatures, as well as copies of the supporting documents you used when completing the worksheet. The Global Education Office (GEO) can assist by scanning and emailing the packet of materials to the insurance liaison for our campus. The results of the appeal decision are final. GEO does not have the authority to question or change the decision on the health insurance waiver requests.

STEP 1:	Obtain signatures below.
STEP 2:	Submit completed WORKSHEET and copy of Insurance policy of the plan you are attempting to use to waive indicating coverage amounts in US dollars to GEO.
STEP 3:	GEO will submit the appeal with all supporting documents on your behalf to the insurance liaison for our campus.
STEP 4:	Notification of appeal decision

Required signatures for appeal process:

By signing below I hereby acknowledge that the above worksheet is a complete and accurate reflection of the insurance policy information for the undersigned student.

Insurance Company Representative's Name PLEASE PRINT IN UPPERCASE LETTERS	Telephone number	Date
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Parent, Legal Guardian, or Policy Holder's Name PLEASE PRINT IN UPPERCASE LETTERS	Signature	Date
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Student's Full Name PLEASE PRINT IN UPPERCASE LETTERS	Signature	Date
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