



## INTERNATIONAL STUDENT INSURANCE WAIVER REQUEST GUIDELINES

Answer the following questions to determine whether or not you have adequate health insurance coverage according to the William & Mary Insurance Requirements.

1. Does your insurance provide coverage for the entire academic year?  Yes  No
2. Is your insurance an employer-sponsored or government-regulated plan?  Yes  No
3. Does your insurance provide coverage of at least \$100,000 per injury/sickness?  Yes  No
4. Does your insurance have a deductible not to exceed \$500 per injury or sickness?  Yes  No
5. Does your insurance provide coverage of at least \$2,500 for prescription drugs?  Yes  No
6. Does your insurance provide coverage for Repatriation & Medical Evacuation that meets the U. S. Dept. of State minimum requirements (repatriation=\$25,000; medical evacuation=\$50,000)?  Yes  No
7. Does your insurance provide coverage for mental health (including suicide attempt, substance and alcohol abuse treatment) paid the same as any other sickness or injury?  Yes  No
8. Does your insurance provide coverage for harm to self, suicide or attempted suicide?  Yes  No
9. Does your insurance provide coverage for maternity/pregnancy care (females only)?  Yes  No  Male, does not apply
10. Is your insurance coverage payable in US dollars?  Yes  No
11. Is your plan provided by a company licensed to do business in the United States, with a U.S. claims payment office and a U.S. phone number?  Yes  No
12. Can you provide an entire copy of the policy in English with US dollar amounts?  Yes  No

**If you answered “No” to ANY of the questions above, your plan WILL NOT be accepted by the College.** Please DO NOT submit your health insurance policy for waiver consideration. Your student account will be billed for the college-sponsored insurance plan and your insurance enrollment will be processed. **\*\*Please note there is a delay in processing these enrollments. Therefore, if you wish to be enrolled in the W&M Student Insurance Plan, please submit the online Enrollment Form to ensure your timely enrollment and billing.**

**If you answered “Yes” to ALL of the questions above, your plan may be accepted by the College.** You must submit a copy of your entire health insurance policy (including benefits and exclusions) in English with US dollar amounts expressed to the Student Health Center by the posted deadline each academic year so that your Waiver Request can be evaluated. Please write on the submitted policy your full name, visa type, email address and phone number.

**Please note: It is strongly recommended that you call or email the Student Health Center to see if we have received your International Student Waiver Request and supporting documentation on time.** If all of the required documents are received by the Student Health Center by the posted deadline, your insurance policy will be reviewed by Student Health Center officials and you will be notified of the waiver decision via email. **Submission of a policy for review DOES NOT guarantee that a requested waiver will be granted.** If your Waiver Request is approved, the college-required Student Health Insurance charge will be removed from your W&M account. If your Waiver Request is not approved, the appropriate charge for the Student Health Insurance Policy will remain on your W&M account until it is paid in full.