

## RIT International Student Insurance Waiver Form

Rochester Institute of Technology requires all international students to maintain medical insurance that provides coverage in the United States and meets certain minimum benefit requirements. To ensure this, RIT will automatically enroll all international students with A, B, E, F, G, I, J, K, O, Q, R or V visas in RIT's Basic Student Sickness & Accident Plan (Student Insurance Plan) based on their active registration status during the fall/winter and spring/summer periods. Certain international students will be eligible for an automatic exemption from this insurance plan as determined by the Undergraduate Admissions and Graduate Enrollment Services Offices. All other requests for exemption must meet the criteria listed below and will be reviewed on a case by case basis by International Student Services.

**Other Medical Insurance Must Meet or Exceed These Minimum Requirements:**

If you are covered by another medical insurance plan with benefits comparable or better than those outlined below for claims processed in the United States, you may be eligible to waive RIT's insurance.

**Minimum Benefits of Your Other Medical Insurance**

- \$50,000 maximum per condition
- A deductible not greater than \$500 per condition
- Co-insurance not greater than 25%
- A waiting period for coverage of a pre-existing condition no longer than 12 months
- Repatriation benefits of \$7,500
- Medical Evacuation benefits of \$10,000

**Process for Requesting A Waiver from Enrollment in RIT's Student Medical Insurance Plan:**

1. Complete the form below and submit it to International Student Services.
2. You will be notified after a review of your waiver request by RIT.
3. If honored, the RIT student insurance premium charge will be reversed from your student account for the academic period that you remain covered by this alternate insurance.

▪ ***Please note that this request must be renewed every academic year*** ▪

### Request for Insurance Waiver

Student's Name: \_\_\_\_\_ Student UID# \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**Please include a copy of your insurance card if you have one.**

I have my own medical insurance which meets the minimum requirements listed above. This insurance covers the academic year beginning August 15, 200\_\_ and ending August 15, 200\_\_.

Policy # \_\_\_\_\_ Insurance provided through \_\_\_\_\_

I understand that my request for a waiver of enrollment from RIT's Student Medical Insurance Plan must be renewed every academic year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed form by mail to:  
Rochester Institute of Technology  
International Student Services  
42 Lomb Memorial Drive  
Rochester, NY 14623

**or** Fax to:  
585-475-7419  
Attn: **Terry Eckerson**