

UA Student Health Insurance Exemption Request



Student must complete this section: Circle the category number that applies to you and follow the instructions

1. Government/Official Sponsor- Name _____ (both sections must be completed)
If sponsor is on the "List of Approved Sponsors" disregard this form, you will be auto-exempt.
2. UA/ASU/NAU Employer- Provide copy of your health insurance enrollment by going to UAccess Employee Self Service: Select "Benefits", "Benefits Summary" under "Types of Benefits" click on "Medical". Spring only exemptions – submit after close of employee open enrollment and change date to show January 1st coverage effective date (complete student section only). Will need to purchase a Medical Evacuation/Repatriation benefit as it is not included in UA benefits.
3. US Employer- Name _____ (both sections must be completed)
4. Exchange Program- Name of Home University/Organization _____
Home University or Organization coordinating your exchange must complete and sign form (not the UA or insurance carrier).
5. Outside of US - Provide required documentation and this form (complete student section only)
6. Transfer Student (Summer Only), provide proof of your student health insurance from another US university and this form (complete student section only)
7. Summer Pre-Session course – provide proof of insurance and this form (complete student section only)

I understand that if I lose coverage, change insurance companies or my benefits change under my plan, I must notify the Campus Health Insurance office within 30 days of the event. Failure to do so will forfeit my right to be considered for future exemption requests. I also understand that dependent upon my benefits open enrollment, I will be asked to provide updated documentation.

For fall semester request only: Check if you received an approved exemption for the spring semester based on having coverage through a US employer and your employer has not changed. Complete the student section only and submit.

Student Name (please print) Student ID Number Date Semester Requested

Official UA @email.arizona.edu address Phone Number

Official Representative (ex. HR/Benefits Coordinator) (Please complete all fields):

Is Health Insurance coverage presently in effect for the above individual? Yes No

If not, when will coverage take effect? _____

When does the new policy year begin? _____

Can this coverage be canceled by the individual? Yes No

*Does the individual have an HSA account? Yes No If yes, what is the individual deductible? _____

Important: If you have an individual deductible that exceeds \$1,000 and have an HSA account, your account balance must cover your deductible that exceeds \$1,000. A copy of your latest HSA end balance will be required.

Is there a Medical Evacuation benefit provided to the above individual? Yes No If yes, benefit limit: USD _____

Is there a Repatriation benefit provided to the above individual? Yes No If yes, benefit limit: USD _____

Important – Check all that apply. The health insurance policy provided **must meet all** health coverage guidelines below.

- Coverage is provided through a Group Health Insurance policy (individual plans cannot be accepted, no exceptions)
- The maximum benefit per injury or sickness under this policy is unlimited
- The annual individual deductible under this policy does not exceed \$1,000*
- The coinsurance responsibility for student does not exceed 50%

The policy provides coverage for the following essential health benefits without exceptions or exclusions.

- Ambulatory Patient Services
- Emergency Service
- Durable Medical Equipment/Prosthetic Devices
- Rehabilitative Therapy Services
- Hospitalization
- Maternity Coverage (entire pregnancy)
- Laboratory & X-ray Services
- Preventive Services
- Mental Health/Substance Abuse Services
- Coverage for Preexisting Conditions
- Prescription Drugs

Signature of Official Representative

Title

Date

Contact Phone Number

Email Address

Fax Number