

INTERNATIONAL STUDENT INSURANCE WAIVER FORM

		E-Mail Address:			
lame:			Visa Type	F-1 visa	 J-1 visa
-			Telephone:		
-	health insurance co	-	st a waiver for the following emester	; semester(s):	
understand tha	t I must complete a	new insurance wa	aiver form each semester or	academic yea	r, depending on my private
nsurance policy	coverage dates. I un	derstand that I w	rill be automatically enrolled	l in the USA St	udent Health plan and will
ay all relevant ¡	remiums for the pe	riod of time cover	red until USA receives and a	pproves my ve	erification of coverage. I
nderstand that	failure to maintain o	overage may be	cause for termination of imr	nigration stati	us. I hereby authorize my
nsurance compa	ny to release the fol	lowing informatio	n to the University of South	Alabama. I furt	ther understand that failure
		_	ellation of my participation in		
tudent Signatui	e:		Date:		
					
NSURANCE CON	IPANY MUST COMP	LETE THIS PORTIO	ON OF THE FORM:		
Name of Insu	ance Company:				
Mailing addre	ss for claims:				
_			E-mail address	:	
Telephone # _		Fax#			
Telephone # _ Sponsor or Po	licy Holder Name: _	Fax#	E-mail address		
Telephone # _ Sponsor or Po	licy Holder Name: _	Fax#	E-mail address		
Telephone # _ Sponsor or Po Policy # lease verify MII riteria MUST be	licy Holder Name: _	Fax# Group #	E-mail address Coverage Dates:	the coverage p	provided. ALL of the following
Telephone # _ Sponsor or Po Policy # Please verify MII riteria MUST be	licy Holder Name:	Group # by checking the state approved. Ple	E-mail address Coverage Dates: appropriate box relative to ease check as appropriate (Y	the coverage p	provided. ALL of the following provided, NO - coverage
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USA Office of Student Accounting Attn: Rhonda Baxter

390 Student Center Circle, Meisler Hall Suite1300

Mobile, Alabama 36688 Office phone: 251-341-4070

 $\hbox{\bf E-Mail: intlinsurance@southalabama.edu}$