



UNIVERSITY OF
SAN FRANCISCO

Health Promotion
Services

Health Insurance

Insurance Waiver Form -International

In order to apply for a waiver of the health insurance requirement, students must have health insurance coverage comparable (equal or better) to the University-sponsored plan under a United States-domiciled health insurance company. The insurance plan must cover in-patient coverage (including mental/behavioral health and emergency services) and out-patient coverage (including mental/behavioral health, office visits, and ancillary procedures). The health plan must be available in the San Francisco area and remain in effect throughout the academic year. USF health insurance requirement plan benefits, open enrollment/waiver periods, and deadlines are published at www.usfca.edu/hps. **Students must provide proof of insurance (Summary of Benefits and Coverage) along with the completed insurance waiver form.**

Completed forms can be submitted online through the Health Promotion Services website.

www.usfca.edu/hps/insurance/international (See "Instruction on how to submit the waiver" section at the bottom of the page. Follow steps 1-6).

STUDENT INFORMATION:

Waiver Term: ☐ Fall _____ ☐ Spring _____

Last _____ First _____ ID Number _____

Email _____ Phone _____

INSURANCE INFORMATION:

Insurance Company _____ Phone number _____

Member ID _____ Group/policy number _____

If my waiver is approved: I release the University of San Francisco, its directors, officers, employees and agents from any and all liability, including any and all claims, demands, causes, of action (known or unknown), suits, or judgments of any and every kind that I may suffer as a result of my waiving the USF-sponsored plan described above.

I understand that a new waiver must be submitted at the beginning of each academic year. Waivers submitted in the Fall are also good for the Spring. Waivers submitted in the Spring or Summer term do not cover the following Fall semester.

The University reserves the right to verify the information you have provided throughout the waiver period.

PLEASE ATTACH THE SUMMARY OF BENEFITS AND COVERAGE FOR YOUR CURRENT INSURANCE PLAN TO THE HEALTH INSURANCE WAIVER FORM.

Student signature _____ Date _____

PARENT/GUARDIAN SIGNATURE (required for students under 18 years of age)

Signature _____ Date _____

Office Use Only

☐ Approved _____

☐ Denied _____

Pop: ☐ Req UG ☐ On-campus GR Oper sig _____ Date _____