

UMW International Student Medical Insurance Waiver

As indicated in the University of Mary Washington Center for International Education (CIE) Welcome Letter, students will be automatically enrolled in iNext international student medical insurance (underwritten by CIGNA). Upon enrollment, documents (including benefit information and electronic insurance card) will be sent to your UMW student email address.

The start date of this policy is August 15th of the applicable academic year and the end date is the Monday following UMW Commencement in May. Enrollment is completed by CIE staff on an annual basis. Should you need to adjust these dates of coverage, please email cie@umw.edu with your requirements.

The cost of this policy is \$7.89 per day. Insurance charges will be placed on your UMW Student Account and will be paid via EaglePay. Email umwbills@umw.edu with questions regarding your UMW Student Account.

By completing this waiver form, you are choosing to opt-out of this insurance coverage and therefore **you assume all associated risk and expense as it relates to medical care in the United States (US)**. The [UMW Student Health Center](#) is available to students; only during weekdays and can only provide basic care. Students are often referred to outside providers.

Please be mindful that medical expenses, including doctor's visits, prescriptions, etc. in the US are very high and CIE does NOT recommend opting-out of this coverage. **Waivers must be received by CIE (cie@umw.edu) by August 1st prior to the start of the fall term and completed annually. NO EXCEPTIONS.**

If you are already covered under another plan* from your home country or plan to purchase coverage through another source, be advised that policy should include the following, per US Department of State (USDOS):

1. medical benefits of at least \$100,000 per illness or accident
2. deductible not to exceed \$500 per accident or illness
3. expenses associated with medical evacuation in the amount of \$50,000
4. repatriation of remains in the event of death in the amount of \$25,000
5. Coverage of pre-existing conditions after a reasonable waiting period
6. Co-payments that do not exceed 25 percent
7. Does not exclude benefits for activities undertaken by the covered individual (ex. participation in sports)

Individuals supplying their own policy are solely responsible for ensuring it meets the above requirements.

Signing below will confirm you have read, understand, and agree to the details laid out above.

International Student Full Name: _____

UMW Banner ID: _____

International Student Signature: _____

Date: _____

**UMW Varsity Athletes are required to carry medical insurance as part of their athletics participation. Alternative policies will be reviewed for required coverage by UMW Athletics. Please email athletics@umw.edu for additional instructions.*

CIE Use Only

Date form submitted: _____ CIE Staff Approver Signature: _____