

**RIT International Student  
Insurance Waiver Form  
2008-2009**

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:**

If you wish to request a waiver from enrollment in RIT's Student Insurance Plan, the following steps need to be taken. This is an annual process and your request must be renewed every academic year:

1. Student - Complete Part I of this form.
2. Student - Provide this form to his/her insurance provider.
3. Insurance Provider - Complete Part II by attesting that the student's plan meets the minimum benefit levels mentioned above.
4. Insurance Provider - Return this signed waiver form back to the student or directly to RIT's International Student Services. That office's address and fax number are listed below.
5. Student - You will be notified after a review by RIT is made of your waiver request. 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.

**Part I (To be completed by student)**

Student's Name: \_\_\_\_\_ Student UID # \_\_\_\_\_  
RIT Campus Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

**Part II (To be completed by Student's Insurance Provider)**

The above named student is covered by medical insurance meeting the minimum limits mentioned above for the academic year beginning August 15, 2008 and ending August 15, 2009.

**Medical Policy Information:**

Policy # \_\_\_\_\_ Insurance provided through \_\_\_\_\_  
\_\_\_\_\_  
(Insurance Carrier)  
Insurance Representative/ Authorized Representative (printed) \_\_\_\_\_ Phone Number \_\_\_\_\_  
Signature of Insurance Representative/Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form to:**

Rochester Institute of Technology  
International Student Services  
42 Lomb Memorial Drive, Rochester, NY 14623

or Fax to: (585) 475-7419  
Attn: Jeffrey W. Cox