USM Office of International Programs
F-1 INTERNATIONAL STUDENT MEDICAL INSURANCE
MANDATORY ENROLLMENT - EXEMPTION REQUEST FORM

DEADLINE: February 9, 2016
If you do not submit this form & verification of adequate insurance on or before this date, you will be charged for the USM Int’l Student Medical Insurance Plan even if you have your own.
NO Exceptions.

Last Name: __________________________   First Name: ___________________  USM ID #  __________

All international Students and their dependents must have medical insurance while in the US. You will be billed (the amount is not yet determined for AY 2015-16) for the University of Southern Maine International Student Medical Insurance Plan unless you have been approved for an exemption by 2/09/2016.

The Exemption Request form allows you to request an exemption from mandatory enrollment in the USM plan if you are covered by your own alternate insurance. To be approved, your insurance policy must be valid for one year and must provide at least $100,000 in basic medical benefits payable in the United States in US funds, $50,000 for medical evacuation, $25,000 for repatriation of remains with a deductible of no more than $500 per illness or injury. Information on your insurance policy must be submitted in English. Students who attend USM for one semester only must talk directly with the International Programs Office about coverage requirements.

TO DOCUMENT ALTERNATE COVERAGE: You must submit with this form proof that you have purchased alternate insurance and that your insurance policy meets the minimum requirements as shown above. Please use the Verification of Medical Insurance form for this purpose. The form must be mailed, faxed or scanned to your insurance company. The insurance company must return the completed form directly to the Office of International Programs (fax number +1-207-780-4933 or e-mail: international@usm.maine.edu)

Initial each line to indicate that you understand the rule about alternate insurance coverage:

_____ I have purchased my own, alternate insurance plan and do not need to enroll in the USM International Student Medical Insurance Plan. My insurance 1) gives medical benefits of at least $100,000; 2) is payable in US funds, and 3) includes coverage of medical evacuation of at least $50,000 and repatriation of remains of at least $25,000.

_____ I understand that if I have dependents or ever have dependents living in the U.S., they must be covered by my medical insurance.

_____ I understand that I am required to carry medical insurance coverage for the entire time I remain as an international student at the University of Southern Maine.

_____ I understand that I must request an exemption EVERY FALL SEMESTER. A deadline (usually three weeks from the first day of classes) will be set by International Programs.

Signature________________________________________       Date __________________________

Submit completed form & proof of alternate insurance to:
U.S.M., Office of International Programs
96 Falmouth Street, 101 Payson Smith Hall
Portland, ME 04103 USA
FAX: +1-207-780-4933 or E-Mail: international@usm.maine.edu
Questions? Call +1-207-780-4959

For office use only
Approved: _____________________
Date: ____________________
Coverage Expiration Date: _________