IMPORTANT NOTICE TO STUDENTS: The deadline for submitting both the “Exemption Request” form and the “Verification of Medical Insurance” form is Tuesday, September 20, 2016. You must also submit proof of insurance by this deadline for any dependents who may be accompanying you in the U.S. It is your responsibility to verify your alternate insurance by presenting the Verification of Medical Insurance form or other acceptable documentation (in English) from the insurance company. Student Accounts will not be able to remove the International Medical Insurance charge if you fail to submit verification of alternate insurance by the deadline.

I understand that I must provide this information each fall semester in order to be approved for an exemption to mandatory enrollment in the University of Southern Maine Medical Insurance Plan. I hereby authorize my insurance company to release insurance information to the University of Southern Maine.

Student Name: _________________________ USM ID: _______________________

Family/Last Name First/Given Name

Signature: ___________________________________________________________ Date: ________________________________

Note to Insurance Company: Please complete this form in order to facilitate the approval of alternate insurance for the student listed above. If you prefer, you may verify the amount of student coverage and benefits provided in some other format. The verification of coverage must be received, in our office, no later than September 20, 2016 in order to have your insurance approved. Please fax the completed and signed form to: (207) 780-4933 or scan and e-mail to: international@usm.maine.edu

The following benefits must be included in order to waive the University of Southern Maine policy requirement:

- Basic Benefit of $100,000 per accident or illness
- Medical Evacuation in the amount of $50,000
- Repatriation payable up to $25,000 for preparation and transportation to home country
- A deductible or no more than $500 per illness or injury

Insurance Company Certification:

We certify that the above student is covered by medical insurance which meets the University of Southern Maine requirements listed above. We also certify that his/her policy with us is valid and payable in the United States:

Insurance Company Name: _______________________________________________________________________

Insurance official: _____________________________ Phone: ____________________ E-Mail: _______________

Policy Dates: from ______________ to ______________ Policy Number: _______________________________