



International Student Health Insurance Waiver

CTX requires all the international students (F-1 visas) to maintain adequate health insurance while enrolled at our University. Students may choose to submit proof of an alternative plan, and the plan is subject to review and approval. Those who wish to use their own coverage must mail, fax or email a completed Insurance Waiver and proof of coverage. A copy of the insurance plan must be shown by the last day of the add/drop period each semester

Student Information:

Name: _____ Student ID: _____

Local Address: _____

E-mail: _____ Local Phone Number: _____

Alternative Policy Information:

You must attach a copy of the alternative policy, in English, with the expiration date

Insurance Company Name: _____

Policy Number: _____ Expiration Date: _____

Your plan must clearly meet the standard listed below: Please answer all:

1. Must be at least a full year of coverage, including summer and any periods of authorized work (except OPT) Yes No
2. Policy Year Maximum Benefits are at least \$250,000 Yes No If no, list amount \$ _____
3. Medical Benefit is at least \$250,000 Yes No If no, list amount \$ _____
4. (per condition, illness, or injury)
5. Co-payment does not exceed \$20 Yes No If no, list amount \$ _____
6. Repatriation benefit is at least \$50,000 Yes No If no, list amount \$ _____
7. Medical evacuation benefit is at least \$50,000 Yes No If no, list amount \$ _____
8. Deductible does not exceed \$0 per illness or injury Yes No If no, list amount \$ _____
9. Prescription drugs: Paid at 50% Yes No If no, list percent _____

Agreement

I hereby apply for a waiver of the International Student Health Insurance plan provided through CTX. I understand

-It is my responsibility to notify the International Student Support Coordinator (ISSC) if my insurance coverage ends for any reason

-I must resubmit proof of renewed insurance coverage upon insurance expiration for continued waiver

-I am expected to resubmit proof of alternate insurance each academic year by the deadline each fall semester

-In choosing my alternate policy, I am responsible for all medical expenses

Signature: _____ Date: _____

Deadlines to submitting waiver:

You may elect to resubmit and/or upgrade your policy at any time. The deadlines for submitting this form are listed below; however, if you fail to meet this deadline and/or until an acceptable alternate insurance policy is provided, you will be enrolled automatically in the health insurance plan provided through CTX, and your student account will be charged accordingly.

Disclaimer

If you choose to accept the plan that CTX offers, you must pay the cost of the insurance per year. If you graduate and wish to terminate your coverage, contact the ISSC for procedures. This can only be done after you have completed all of your classes. If you registered for your thesis class or for an internship, you must have insurance coverage.

Return the completed form in person or via email, mail, or fax to the Office of Enrollment

OFFICE of ADMISSIONS

11400 Concordia University Drive • Austin, TX 78726 • 512.313.4CTX • concordia.edu/admissions