

**INSTRUCTIONS**

Please read these instructions carefully. International students must provide proof of adequate insurance coverage. A registration hold will be placed on student accounts at add/drop of the term prior, and will remain on their account until proof of adequate coverage has been approved by International Programs. This hold prevents students from registering for or attending class. **If adequate insurance coverage is not secured by the required date, students will be automatically enrolled in the SHIP plan and the corresponding fee for that term will be placed on their student account (\$2,347 annually; approx. \$587 quarterly).**

[Central Washington University \(CWU\) policy](#) requires individuals on F or J visas provide proof of insurance. Individuals need to demonstrate that they have insurance coverage which meets the minimum coverage requirements set by the University.

To provide proof of coverage, please complete the following steps:

1. Complete the form questions on pages 1–2
2. Attach an English version of your insurance policy
3. Attach an English version of your insurance card
4. Review and sign the consent and certification on page 2.  
Sign according to the instructions below:
  - a. If you (student) are 18 or over, sign the document.
  - b. If you are under 18, have a parent or guardian sign the document on your behalf.
5. Submit the completed forms to:  
E-mail: [Intl\\_insurance@cwu.edu](mailto:Intl_insurance@cwu.edu)  
Office of International Studies & Programs  
400 E University Way  
Ellensburg, WA 98926-7408
6. Submit your Proof of Coverage and Compliance Form by the deadlines below.

**IMPORTANT DATES**

Quarter	Required Insurance Effective Dates*	Registration Hold added	Early Registration	Open Enrollment	Quarter Begins	SHIP Charged if no insurance	Add/Drop End
Fall 2018	9/19/2018 – 1/2/2019	4/2/2018	5/7/2018	8/1/2018	9/19/2018	9/19/2018	9/25/2018
Winter 2019	1/3/2019 – 3/25/2019	9/25/2018	11/5/2018	12/10/2018	1/3/2019	1/3/2019	1/9/2019
Spring 2019	3/26/2019 – 6/16/2019	1/9/2019	2/11/2019	3/18/2019	3/26/2019	3/26/2019	4/1/2019
Summer 2019**	6/17/2019 – 9/24/2019	4/1/2019***	4/29/2019		6/17/2019	6/17/2019	6/19/2019

- \* CWU recommends coverage to begin on the day you start travel to CWU. The above listed start date required for insurance is the first day of class for that term, but the earlier date is recommended.
- \*\* Unless you are returning home for the entire summer term, international student insurance is still required. Please note that if you do not continue your coverage during summer term, you will have a lapse in coverage, and your waiting period for pre-existing conditions will start over.
- \*\*\* Same as Registration Hold date for Fall 2019. Students who want to register for summer classes can request a one-day lift of their Fall registration hold after proving adequate insurance coverage to allow them to register for summer classes.

**STUDENT AND PROGRAM INFORMATION**

Full Name: \_\_\_\_\_ CWU ID Number: \_\_\_\_\_

Birth Date (mm/dd/yyyy): \_\_\_\_\_ Email Address: \_\_\_\_\_@cwu.edu

CWU Student Status:    UESL    Undergraduate    Graduate    Non-Matriculated/Non-Degree Seeking    Scholar

**PRIMARY INSURANCE**

Primary Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

Insurance Type (check all that apply):    Medical    Emergency Evacuation    Policy End Date: \_\_\_\_\_

**SECONDARY INSURANCE (MAY BE BLANK)**

Secondary Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

Insurance Type (check all that apply):    Medical    Emergency Evacuation    Policy End Date: \_\_\_\_\_

## INSURANCE REVIEW

Your insurance must provide benefit limits equal to or greater than those required below, or your request will be declined. The following table lists the minimum benefits the provider(s) you have listed above must provide. Next to each description of coverage, indicate the page number of your policy where this coverage is described.

Coverage Description	Required Amount	Coverage Amount	Policy Page #
Minimum Annual Maximum Benefit	\$1,000,000		
Minimum Self-Inflicted Injury Benefit	\$10,000		
Minimum Medical Emergency Evacuation Benefit	\$50,000		
Minimum Repatriation Benefit	\$25,000		
Not to Exceed \$500 Deductible per Accident or Illness	\$500 or less		
Not Exclude Coverage for Mental Health Conditions	Included		
<b>STRONGLY RECOMMENDED BUT NOT REQUIRED</b>			
Pre-existing Condition Benefit	Included	Yes / No	
Intramural, Club, and/or Intercollegiate Sports	Included	Yes / No	

**Be sure to attach a copy of your policy and insurance card(s) from your provider(s)! If you do not, your request will be declined.**

## QUESTIONS

Contact the **Office of International Studies & Programs** with questions. Phone: (509) 963-1375; Email: [intl\\_insurance@cwu.edu](mailto:intl_insurance@cwu.edu)

## CONSENT AND CERTIFICATION

I acknowledge that by signing and submitting this compliance/proof of insurance form, I am requesting the University to accept my current health insurance which I believe meets the minimum requirements set forth by the University and I certify that:

1. I understand that I am required to have valid health insurance while I am enrolled at Central Washington University and I agree to do so for the entire duration of my CWU enrollment;
2. I am currently enrolled in a health insurance plan for me (and, if applicable, my accompanying spouse and dependents) that will remain in effect for the duration of my program, internship or other educational program and I have attached a copy of my insurance card and an English version of my insurance policy benefits for my health insurance plan;
3. I understand the plan benefits which I submitted will be reviewed to determine if they meet the minimum requirements of the University. If it is determined by the University that my plan does not meet the minimum requirements, I will be required to obtain a plan which does meet the minimum requirements as soon as I receive notification from the University that my plan is not compliant. Failure to obtain immediate coverage will result in a hold being placed on my student account which will not allow me to register for or attend classes;
4. I understand that I will be solely responsible for all medical and emergency assistance expenses incurred by me and/or my accompanying spouse and/or dependents, if any. I understand that CWU will not be responsible for any medical or emergency assistance expenses that I or we incur during my enrollment at CWU or while abroad;
5. If for any reason I should not have medical and emergency assistance coverage available and CWU must incur such expenses on my behalf to save me or my family from grave and imminent harm, then I agree to repay CWU in full for those expenses;
6. I will send written notification to the International Programs Insurance E-mail ([intl\\_insurance@cwu.edu](mailto:intl_insurance@cwu.edu)) if my insurance and/or my family's insurance coverage changes or if it ends during the dates I indicated above;
7. If I want to continue beyond the requested dates indicated above on page 1, I must submit a new health insurance compliance/proof of coverage request form by the required deadline.

**I further understand that the approval or denial decisions are made at CWU's sole discretion, and that acceptance granted for one or more quarters does not guarantee acceptance for any future quarters.**

I certify that all information contained in this form is true and correct, and I understand that my failure to provide true and correct information may result in disciplinary action and/or the suspension of my enrollment from CWU.

Student Signature

Printed Name

Date

Parent/Guardian Signature (If under 18)

Printed Name/Relationship

Date