



**INSTRUCTIONS:**

**Please read these instructions carefully. Late or incomplete requests will be declined.**

Central Washington University (CWU) requires that students traveling to destinations abroad purchase overseas travel insurance through a third-party vendor. However, students who can demonstrate that they have equivalent coverage may request to have this requirement waived. To request a waiver, please complete the following steps:

1. Complete the form questions on pages 1–2.
2. Attach a copy of your insurance policy.
3. Attach a copy of your insurance card.
4. Review and sign the consent and certification page 3.  
 Sign according to the instructions below:
  - If you (the student) are age 18 or over, sign the document.
  - If you are under 18, have a parent or guardian sign the document on your behalf.
5. Submit the completed forms to:

International Studies & Programs  
 Attn: Assistant Director for Study Abroad & Exchange Programs  
 International Center 108  
 MS-7404  
 400 E University Way  
 Ellensburg, WA 98926-7407

6. Submit your waiver request by the deadlines below:

Departure Quarter	Deadline
Early Fall	May 1st
Fall Quarter	July 1st
Winter Quarter	October 15th
Spring Quarter	January 15th
Summer Quarter	April 1st

If you have questions, please contact **Study Abroad & Exchange Programs**:

Phone: (509) 963-3622  
 Email: [cookse@cwu.edu](mailto:cookse@cwu.edu)

**STUDENT AND PROGRAM INFORMATION**

Full Name: \_\_\_\_\_ CWU ID Number: \_\_\_\_\_  
 Birth Date (mm/dd/yy): \_\_\_\_\_ Email Address: \_\_\_\_\_@cwu.edu  
 CWU Student Status:  Undergraduate  Graduate  Non-Matriculated/Non-Degree Seeking  
 Education Abroad/International Program Name: \_\_\_\_\_  
 Departure Quarter: \_\_\_\_\_  
 Departure Date (mm/dd/yy): \_\_\_\_\_ Return Date (mm/dd/yy): \_\_\_\_\_  
 Waiver Begin (mm/dd/yy): \_\_\_\_\_ Waiver End (mm/dd/yy): \_\_\_\_\_  
 Program Contact Name: \_\_\_\_\_ Program Contact Email: \_\_\_\_\_

**PRIMARY INSURANCE**

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

Name of Policy Holder: \_\_\_\_\_

- Type of Insurance (check all that apply):
- Medical
  - Evacuation
  - Accidental Death & Dismemberment

**SECONDARY INSURANCE (MAY BE BLANK)**

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

Name of Policy Holder: \_\_\_\_\_

- Type of Insurance (check all that apply):
- Medical
  - Evacuation
  - Accidental Death & Dismemberment

**INSURANCE REVIEW**

To waive the CWU requirement to purchase travel insurance, your current insurance must provide equivalent benefits to those provided by our vendor. The following table lists the key benefits the provider(s) listed above must provide. Next to each description of coverage, indicate the page number of your policy where this coverage is described.

Page #	Coverage Description	
	<b>Period of Coverage Maximum Benefit</b>	at least \$500,000
	<b>Maximum Benefit per Injury or Sickness</b>	at least \$500,000
	<b>Accidental Death and Dismemberment</b>	at least \$10,000
	<b>Accidental Death and Dismemberment – Common Carrier</b>	at least \$25,000
	<b>Emergency Medical Evacuation Coverage Maximum Lifetime Benefit</b>	at least \$1,000,000.00
	<b>Visit By Family Member or Friend</b>	at least \$20,000
	<b>Felonious Assault – Visit by Family/Friend</b>	at least \$5,000
	<b>Return of Mortal Remains</b>	at least \$100,000
	<b>Repatriation Due to Felonious Assault</b>	at least \$500,000
	<b>Political Evacuation, Natural Disaster Evacuation Coverage</b>	at least \$100,000
	<b>24 Hour Emergency Assistance</b>	Included
	<b>In-Patient Mental/Nervous Conditions</b>	Included as any condition

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

**CONSENT AND CERTIFICATION**

I acknowledge that by signing and submitting this insurance waiver form, I am requesting to waive the CWU International Health and Emergency Insurance Plan and certify that:

1. I understand that I am required to have valid international health and emergency assistance insurance while I am engaged in a Central Washington University educational activity abroad and I agree to do so for the entire duration of my CWU enrollment abroad;
2. I am currently enrolled in a health and emergency assistance 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 activity abroad and I have attached a copy of my insurance card and the summary of benefits for my insurance policy;
3. 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 we incur during my enrollment at CWU or while abroad.
4. 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;
5. I will send written notification to the CWU Assistant Director for Study Abroad and Exchange Programs (cookse@cwu.edu) if my insurance and/or my family's insurance coverage changes or if it ends during the requested waiver dates I indicated above;
6. I understand that I may elect to enroll in CWU International Health and Emergency Insurance Plan at any time before my departure; and
7. If I want to continue my waiver beyond the requested waiver dates indicated above on page 1, I must submit a new health insurance waiver request form by the required deadline.

**I further understand that the waiver approval or denial decisions are made at CWU's sole discretion, and that waivers granted for one or more quarters do not guarantee waivers 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 the cancellation of my participation in CWU education abroad programs.

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Student Signature	Printed Name	Date
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Parent/Guardian Signature (If under 18)	Printed Name/Relationship	Date
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