

INSTRUCTIONS

Please read these instructions carefully. International students must provide proof of adequate insurance coverage by the first day of class every quarter. **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 (estimated at \$2,816 annually; approx. \$745 quarterly).** A registration hold will be placed on student accounts until they have submitted the required documents. This hold prevents students from registering for or attending class.

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. Attach an English version of your insurance policy, if it is not preapproved.
2. Attach an English version of your insurance card.
3. Complete the questions on pages 1–2 of this form.
4. Review and sign the consent and certification on page 2 of this form.
5. E-mail the completed forms to: Intl_insurance@cwu.edu
6. Submit your Proof of Coverage and Compliance Form by the deadlines below.

IMPORTANT DATES

Quarter	Required Insurance Effective Dates*	SHIP Charged if no insurance	Add/Drop
Fall 2020	9/09/2020 – 1/4/2021	9/09/2020	9/15/2020
Winter 2021	1/5/2021 – 3/29/2021	1/5/2021	1/11/2021
Spring 2021	3/30/2021 – 6/20/2021	3/30/2021	4/5/2021
Summer 2021**	6/21/2021 – 9/21/2021	6/21/2021	6/23/2021

* CWU recommends coverage to begin on the day you start travel to CWU. Listed below are the required dates for insurance, 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.

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

EMERGENCY CONTACT INFORMATION

Full Name: _____ Relationship: _____
 Birth Date (mm/dd/yyyy): _____ Email Address: _____
 Phone number: _____ Address: _____

PRIMARY INSURANCE

Primary Insurance Provider: United Health Care – SHIP 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	No max	5
Minimum Self-Inflicted Injury Benefit	\$10,000	Paid as any other illness	UHC Rep
Minimum Medical Emergency Evacuation Benefit	\$50,000	Covered in full	7
Minimum Repatriation Benefit	\$25,000	Covered in full	7
Not to Exceed \$500 Deductible per Accident or Illness	\$500 or less	\$0	5
Not Exclude Coverage for Mental Health Conditions	Included	Paid as any other illness	6
STRONGLY RECOMMENDED BUT NOT REQUIRED			
Pre-existing Condition Benefit	Included	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	UHC Rep
Intramural & Club sports (played w/other CWU students)	Included	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	UHC Rep
Intercollegiate Sports (played w/other colleges)	Included	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	UHC Rep

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

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:

- 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;
- 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;
- 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;
- 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;
- 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;
- I will send written notification to the International Programs Insurance E-mail (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;
- 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