OFFICE OF
International Education

F-1 Visa Request for Exemption from the
Marquette International Accident and Sickness Insurance Program

Name: _____ MUID: _____

Print Name

I hereby request a waiver from the Marquette University International Accident and Sickness Insurance Program. I will instead be covered by the following health and medical insurance plan:

Group name or Primary Insured Name on Policy: _____

Relationship to Student: (for example, spouse, parent, government sponsor) _____

Name of Insurance Company: _____

Beginning Date of Coverage: _____ Ending Date of Coverage: _____

I HAVE ATTACHED A COPY OF PROOF OF THIS INSURANCE TO THIS FORM.

I certify by my signature below that I have read, understand and acknowledge the following *(as you read each statement, please write a "T" for true in the space next to each statement):*

1. I understand that neither Marquette University nor its Office of International Education (OIE) has a relationship with the insurance company named above and will not be able to advise or assist me or my care providers regarding the above insurance. _____
2. I understand that Marquette is not responsible for my health care or related expenses._____
3. I understand that If I seek medical care at the MU Medical Clinic, I will be responsible for fees._____
4. I know I will not be eligible to rejoin the Marquette Group plan unless my insurance in place of that plan has been continuous and has been a plan for which I become ineligible. _____
5. I know I am required to keep my insurance coverage up-to-date, without lapses, as long as I am a Marquette student, and I agree to continually maintain my insurance coverage in the plan named above. _____
6. I understand this waiver is granted for only the insurance named above and I cannot substitute some other insurance plan for the proposed insurance plan without written approval in advance from OIE. _____

Student Signature: _____ Date: _____

FOR OIE USE:
Student has received a copy of this statement for personal recordkeeping:_____
If applicable, the student's name has been removed from group insurance roster: _____
If applicable, the student's Bursar charge has been removed: _____