Health Insurance Waiver
Request Form

Please Complete the Following Information:

Student Name: _____   Birthday: _____

SID 885- _____   SEVIS ID: _____

Local Address: _____   City, Zip, Code: _____

Email Address: _____   Phone: _____

Program of Study: _____   Today's Date: _____

I-20 Expiration Date: _____   QTR Requested: _____

All international students are required to have medical insurance while a student at LWTech. LWTech, in partnership with LewerMark, offers health insurance for international students at a low cost. The deadline to waive out of LewerMark insurance is by the 1st day of each quarter. To be considered for the insurance waiver, please complete this form and submit it to the International Programs office with the required documents (from the list below). **Insurance waivers must be submitted every quarter you are enrolled at LWTech.**

1. If your parent or spouse is employed in the U.S. and has insurance through their employer and you are included in their policy, provide a summary of benefits that explains the insurance benefits and full dates of coverage.

2. Statement of insurance or statement of coverage from an insurance provider from your home country or an embassy sponsored plan and a summary of benefits that explains **in English** the insurance benefits and full dates of coverage. *

3. A copy (front & back) of your insurance ID card in English.

Please note, insurance coverage must be comparable to LWTech's health insurance benefits.

By signing this form, I attest that the above information is true. I understand that providing false information may negatively affect my immigration status. I understand that if I do not meet the requirements to waive out of LWTech's insurance plan, I will be required to enroll in LWTech's insurance plan immediately. I understand that if I do meet the requirements to waive out of LWTech's insurance plan, I will maintain current health insurance for each quarter that I am attending LWTech. I understand that failure to maintain current health insurance will negatively affect my immigration status and may lead to the termination of my SEVIS record.

Student Signature: _____

Office Use Only

IO database and records updated on _____ by _____

Student notified by email on _____ by _____