

**ST. MATTHEW'S UNIVERSITY**  
**HEALTH INSURANCE WAIVER REQUEST FORM**

YEAR: \_\_\_\_\_ SEMESTER:       Fall                       Spring                       Summer

STUDENT NAME \_\_\_\_\_

I do not wish to participate in the St. Matthew's University sponsored Health Insurance plan. I fully understand that I will be legally responsible for any medical expenses incurred during my enrollment at the University and that St. Matthew's will not be responsible for any medical expenses. I am authorizing cancellation of my policy coverage provided through St. Matthew's University.

Student Signature: \_\_\_\_\_

**STUDENT LOCATION/STATUS**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> BASIC SCIENCES MED SCHOOL (Cayman) | <input type="checkbox"/> CLINICALS      |   |
| <input type="checkbox"/> BASIC SCIENCES VET SCHOOL (Cayman) | <input type="checkbox"/> NATIONAL BOARD | <input type="checkbox"/> LEAVE OF ABSENCE |

Home Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ @stmatthews.edu

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Company contact phone number \_\_\_\_\_ NHS # (or last 4 digits of SS#) \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Month)                      (Day)                      (Year)

**This form must accompany a copy of your Health Insurance Policy and current copy of your Health Insurance Card (front and back) to review for approval. If effective coverage dates are not shown on your insurance card, please provide a letter or document from your insurer verifying effective dates. (Students registered for Leave of Absence or National Board semester are eligible to drop coverage during this status, IF they authorize cancellation of their continued coverage. Be advised that if you have any pre-existing conditions, it is not in your best interest to interrupt continuous health insurance coverage. (NB or LOA students choosing to cancel coverage need only to submit this Waiver Request Form. No other documentation is required.)**

Please submit your completed waiver documents (see attached page) to FAX #: (407) 488-1743 or scan and email to [studentaccounts@stmatthews.edu](mailto:studentaccounts@stmatthews.edu).

***The deadline to submit this form is two weeks from the first day of class. After this date, waivers will no longer be accepted and reimbursements will not be issued.***

**For Office Use Only**

Date Received: \_\_\_\_\_

- Requires additional Emergency Evacuation and Repatriation coverage. \_\_\_\_\_
- APPROVED
- DENIED

Comments:

**In order to waive out of SMU insurance the following documents are required:**

**BASIC SCIENCE STUDENTS: (all 5 documents required)**

1. Health Insurance Waiver Form (located at [www.stmatthews.edu](http://www.stmatthews.edu) click on downloads).
2. A copy of your insurance card (front and back).
3. A recent letter from your insurance provider verifying coverage or a recent copy of your premium statement.
4. A copy of your insurance coverage plan (summary of benefits).
5. **\*\*Travel Plan:** Proof from your insurance provider that you are currently covered with at least \$50,000 medical evacuation and a minimum of \$20,000 Repatriation (return of mortal remains). This travel plan coverage is mandatory while on the Island (in addition to your basic health coverage).

**\*\*If you currently do not have this mandatory travel coverage, you *may* elect to enroll through St. Matthew's University for \$105. It is a requirement to re-enroll, or show proof of this coverage every Fall semester while on the Island. Please contact Student Accounts if you are interested in purchasing this coverage through SMU.**

**CLINICAL STUDENTS (USA Citizens): (all 3 documents required)**

1. Health Insurance Waiver Form (located at [www.stmatthews.edu](http://www.stmatthews.edu) click on downloads).
2. A copy of your insurance card (front and back).
3. A recent letter from your insurance provider verifying coverage or a recent copy of your premium statement.

**CLINICAL STUDENTS (NON-USA Citizens): (2 documents required)**

1. Health Insurance Waiver Form (located at [www.stmatthews.edu](http://www.stmatthews.edu) click on downloads).
2. **\*\*Travel Plan:** Proof from your insurance provider that you carry travel insurance. This travel plan coverage is mandatory while traveling outside of your country (in addition to your basic health coverage).

**\*\*If you currently do not have this mandatory travel coverage, you *may* elect to enroll through St. Matthew's University for \$105. It is a requirement to re-enroll, or show proof of this coverage every Fall semester. Please contact Student Accounts if you are interested in purchasing this coverage through SMU.**

**NATIONAL BOARD AND LOA STUDENTS: (Only waiver form is required)**

1. Health Insurance Waiver Form (located at [www.stmatthews.edu](http://www.stmatthews.edu) click on downloads).

**All students who elect to waive their health insurance are required to submit these documents every semester.**