

Michigan Tech J-1 Scholar Health Insurance Waiver Request & Comparability Worksheet 2021/2022

J-1 scholars are not students.

Name: _____

Michigan Tech ID#: _____

Check applicable situation below:

- I have health insurance coverage through another source that meets the minimum standards set by the Michigan Technological University. This insurance waiver will be in effect for the academic year during which your program begins or until the comparable policy is no longer in effect. I understand that I can purchase the insurance policy available through Michigan Tech at any time during my program here. I also understand that a new waiver form must be filled out each year as long as I am at Michigan Tech.

Complete the waiver worksheet below by checking appropriate boxes and attach a copy of your insurance identification card and policy.

- I have health insurance through Michigan Tech as an employee.

Dependents:

- I am not accompanied by dependents.
- I am accompanied by the dependent(s) named below. I certify that my dependents are covered by the same insurance that covers me as noted above. I have attached copies of their insurance identification cards and policies as well. (List additional dependents on the back of this form.)

Name: _____

Michigan Tech ID#: _____

Name: _____

Michigan Tech ID#: _____

Name: _____

Michigan Tech ID#: _____

Insurance Waiver Worksheet

All must be met:

- Out-of-pocket maximum: Maximum \$6,350 per individual, \$12,700 per family
- Deductible: Maximum \$750 per individual, \$1,500 per family
- Medical Benefits must not contain a lifetime maximum
- Repatriation of remains: At least \$25,000
- Medical Evacuation: At least \$50,000
- Prescription drugs: Required coverage
- Mental health/psychotherapy: Must cover inpatient and outpatient as any other illness
- Inpatient care, room & board, labs & x-ray, emergency room: Must cover at least 80% of charges – In Network
- Alcoholism and substance abuse: Must cover inpatient and outpatient as any other illness
- Maternity/pregnancy Must be treated as any other condition if conception occurs during policy
- Must cover waiver period
- Cannot be travel insurance
- Cannot require that the insured person return to home country for treatment

Return this form with a copy of your insurance card to the Student Health Insurance Office, Lakeshore Center Second Floor or fax to 906.487.3220

Contact us: 906-487-1088 or studentinsurance@mtu.edu

I hereby certify that all the above information is true and complete.

Signature

Date