



INSURANCE EXEMPTION REQUEST FORM

UMKC policy requires F-1 and J-1 visa students to purchase UMKC's sponsored Aetna Student Health Insurance. The insurance fee will automatically be applied to students' accounts upon enrolling for classes. If you think you qualify for an exemption from this program based on one of the following terms, please submit this form and supplemental documents to the International Student Affairs Office (ISAO) immediately upon enrollment. Students enrolling after the first day of classes must submit the completed request the same day as enrollment.

Along with this form, present a copy of your insurance card or certificate in English for your file. All government sponsored students except SACM and Kuwaiti must attach a current Financial Guarantee Letter with Insurance Exemption Request Form. SACM and Kuwaiti government sponsored student must verify with ISAO to confirm if we have a valid scholarship letter on file. An ISAO advisor will review your request, and inform you by e-mail if your request is approved, denied, or if additional information is required.

Last Name: _____ First Name: _____

Student ID Number: _____ Email: _____

Semester: _____ (Valid for one semester only) Today's Date: _____

Please check the reason for which you are requesting a waiver from UMKC's Aetna Student Health Insurance program below:

- I am attending UMKC as one of the following (Choose one):
Government sponsored student - please indicate your sponsor: _____
Other (visa H1, H4, L1, etc.).

Attach a Copy: Financial Guarantee letter, insurance card, and visa if other than F-1 or J-1.

- I have changed my immigration status from (Circle one) F-1 or J-1 to _____ (Enter type).
Attach a Copy: I-94, I-551 Stamped Passport, Work Authorization, or Notice of Approval.

- I am approved for Optional Practical Training and have coverage through my employer.
Attach a Copy: EAD card and insurance card.

- I am the dependent of a U.S. citizen, Permanent Resident, or other person authorized to work in the U.S. and have dependent coverage.
Attach a Copy: Insurance card and marriage certificate (if spouse) or birth certificate (if child). Both names must be present on the insurance card; if not, we require copies of both insurance cards.

- You no longer have an active SEVIS record and will not be present in the U.S. on an F-1/J-1 visa, but are enrolled in UMKC courses.

- You are transferring out of UMKC and will no longer be enrolled in a UMKC course.

- You are on post completion OPT, but are enrolled in a UMKC course

- I have a certifiable pre-existing medical condition requiring extraordinary medical needs.
Attach a Copy: Letter from attending physician in English, on office letterhead, and proof coverage.

OFFICE USE ONLY

Date ____ / ____ / ____ Approved (initial) _____ Not Approved (initial) _____