

UC San Diego Extension International Programs 2021

Medical Insurance Waiver Request Form (MIW) 2021

UC San Diego Extension medical insurance is required. In some cases, students can provide proof of their own insurance if it meets the following minimum requirements. To obtain a waiver of UCSD Extension medical insurance, your insurance company must complete and submit this form at least 30 days before your program start-date.

Did you attach a **summary of benefits in English** on company letterhead from your medical insurance company? This is required to prove coverage for the five required minimum benefits listed in section 3 below.

- Yes, the summary of benefits is included with this MIW Form.**
- No, I did not submit the summary of benefits yet. I will contact my insurance company and email/fax the summary of benefits 30 days before my program start-date.**

Please submit this completed form by email to iphealth@ucsd.edu or by fax to +001-858-534-5703.

1. Student Information:

Family Name _____ First Name _____
Student's Email _____ Date of Birth month/day/year (e.g. JAN 01, 1979) _____

2. Medical Insurance Company Information:

Company Name _____ Policy Number _____
Date insured from month/day/year (e.g. JAN 01, 1979) _____ Date insured to month/day/year (e.g. JAN 01, 1979) _____

Important Note: Dates of insured coverage must include the entire length of the student's program at UCSD.

3. Insurance Coverage Amounts (to be completed by insurance company only)

All 5 items must equal or exceed UC San Diego Extension's Required Minimum Benefits. UC San Diego Extension medical insurance requirements include full coverage for pre-existing conditions and mental health. Please make sure your insurance plan covers ALL pre-existing conditions and mental health (without restrictions or a waiting period).

UC San Diego Extension Required Minimum Benefits (UCSD Extension Insurance provides all of the following)	Enter below your insurance coverage in equivalent U.S. dollars (must equal or exceed UC San Diego Extension Required Minimum Benefits)
1. \$500,000 in coverage for medically necessary health care, including pre-existing conditions and mental health care <small>*UCSD Extension Insurance provides unlimited</small>	1. \$ _____ in coverage for medically necessary healthcare <small>*Must equal or exceed \$500,000</small> <input type="checkbox"/> Yes, mental health is covered 100%. <input type="checkbox"/> Yes, pre-existing conditions are covered 100%.
2. \$100,000 for medical evacuation <small>*UCSD Extension Insurance provides unlimited</small>	2. \$ _____ for medical evacuation
3. \$25,000 for repatriation of remains <small>*UCSD Extension Insurance provides unlimited</small>	3. \$ _____ for repatriation of remains
4. A deductible not to exceed \$100 USD per person, per policy year	4. \$ _____ deductible per person, per policy year
5. 100% coverage for prescription drugs after required co-payments for each prescription (Co-payments start at \$10, with a maximum co-payment of \$50 per prescription).	5. _____% coverage for prescription drugs, with a maximum prescription drug co-payment amount of _____.

Medical insurance company payment procedure (check one):

_____ Student pays medical fees and is later reimbursed by the medical insurance company.

_____ Insurance company is billed directly.

_____ Other, please explain: _____

Required:

1) Official stamp from your medical insurance company to confirm above coverage and dates.

2) English-speaking claims representative in your insurance company:

Name _____

Phone _____

Address Street _____ Apartment Number _____

City _____ Postal Code _____ Country _____

Official Stamp of Medical
Insurance Company