



Policy Title: International Student Health Insurance Policy

Policy Number: ISO.109

Policy Owner: Director of International Student Office

Responsible Office: International Student Office

Revision Date: 08/08/2018

1. Purpose and Scope

The cost of health care in the United States presents a potentially serious health risk and financial risk to students and their accompanying dependents. The absence of adequate health insurance coverage is a barrier to care that can result in temporary or permanent interruption of a student's education. The university is committed to offering student health insurance that provides access to quality health care and achieves a balance between premium cost and adequate coverage without overburdening students' financial resources.

All North American University and Gulf Language School F1 and J1 students and their dependents are required to carry health insurance that meets certain standards of coverage. In the absence of adequate health insurance coverage, the student is automatically enrolled in the University student health insurance plan.

2. Policy

North American University mandates that all international students, including F1 and J1 and their dependents, maintain health care coverage that meets the standards of the University and applicable laws.

3. Procedures

Enrollment in the North American University Student Health Insurance Plan:

All F1 and J1 students and their dependents will be assessed a charge for the individual basic health insurance plan offered through the university student health insurance program. The charge will appear on the invoice of the first semester and/or session of attendance in the academic cycle. The student is expected to actively enroll in the plan or apply for a waiver from the student insurance plan during enrollment. Failure to take action will result in automatic enrollment in the student health insurance plan.

Special requirements for students with J-1 visa ONLY

In addition to the mandatory insurance requirement for all international students as described above, medical insurance coverage is also mandatory for the accompanying spouse and children of J-1 visa holders, under regulations of the United States Information Agency. Failure to meet this requirement will result in the termination of their J-1 visa status.

Requirements for Waiver

Application for waiver from the university student health insurance plan must be submitted to International Student Office (ISO) by the last day of the enrollment period. Students applying for waiver must provide documentation of:

- Continuing coverage that verifies enrollment as the dependent, partner/spouse or principal in an employer, state or federally operated insurance Exchange or government sponsored insurance plan.
- Enrollment in a plan that meets certain minimum standards for coverage as set forth by the university including but not limited to an adequate level of coverage for medical, mental health and substance abuse services at the primary, emergency, inpatient and outpatient level in the geographic location of study.

Failure to maintain continuous coverage will result in automatic enrollment in the student health insurance standard plan.

Student responsibility for exception request and important deadlines

- Waivers must be provided to the ISO office by the first Friday of each new session/semester start date.

Exceptions and Refunds will not be granted after specified deadline date. It is the students' responsibility to turn in a request form EACH session/semester. Otherwise the charges for the University sponsored insurance Plan will remain on your student account.

Coverage period:

North American University

Fall: NAU international students are covered from the first day of class until the day before the start date of next semester.

Spring: NAU international students are covered from the first day of class until the official close date of the spring semester.

Summer coverage is optional.

Gulf Language School

GLS international students are covered from the first day of each session until the day before the start date of the next session.

Winter break coverage is optional.

4. Who Should Read This Policy

- Students
- Vice President of Administrative Affairs
- Registrar's Office
- Admission's Office
- Provost, Department Chairs, and Academic Advisors
- International Student Office

5. Related Documents and References

- Insurance Waiver Form (NAU)
- Insurance Waiver Form (GLS)



NORTH AMERICAN UNIVERSITY

INSPIRATION INNOVATION GLOBAL COMPETENCE

STUDENT HEALTH BENEFIT PLAN INTERNATIONAL STUDENT WAIVER REQUEST FORM

International students are required to enroll in the University-sponsored Student Health Benefit plan unless they are already enrolled in a private health plan or a United States-based employer-sponsored group health plan or covered under a sponsor or Embassy which provides health insurance benefits for the entire academic year. To request a waiver from the University-sponsored Student Health Benefit Plan, submit this form to the Office of International Students along with proof of coverage. All eligible students must complete the waiver request process by the posted deadline. Please keep a copy of this form for your records.

SECTION 1: STUDENT INFORMATION

Student Name: _____ Student ID: _____

Date of Birth: _____ / _____ / _____ Gender: Male Female
Month Day Year

Address: _____
Street Address, City, State, ZIP Code

Phone: _____ NAU Email: _____

SECTION 2: HEALTH PLAN INFORMATION – WHICH TYPE OF HEALTH PLAN DO YOU HAVE?

- Covered under a sponsor or Embassy which provides health insurance benefits for the entire academic year.
- A private health plan – Students who select this option must also submit proof of coverage, such as a copy of the front and back of your insurance card or a certificate of credible coverage obtained from your insurance company

SECTION 3: ACKNOWLEDGMENT AND WAIVER

I understand that waivers are granted on an annual basis and that a waiver request form will need to be submitted every year by the class registration deadline in order to keep the waiver active.

I hereby request to waive the college endorsed health insurance plan and will continue to be insured by the plan stated above. I understand that upon receiving waiver approval, I am solely responsible for all costs relating to the purchase of insurance and any medical expenses not covered by such policy. I acknowledge that the University has provided me the option to obtain coverage and I have freely chosen to obtain insurance from a different source. I understand that if the coverage submitted is cancelled or rescinded, I have a responsibility to notify the University immediately and obtain coverage through the plan offered by the University. I hereby release the University from any responsibility for carrying healthcare insurance coverage or the payment of any related healthcare costs incurred during my period of attendance.

Student Signature

Date



STUDENT HEALTH BENEFIT PLAN INTERNATIONAL STUDENT WAIVER REQUEST FORM

International students are required to enroll in the University-sponsored Student Health Benefit plan unless they are already enrolled in a private health plan or a United States-based employer-sponsored group health plan or covered under a sponsor or Embassy which provides health insurance benefits for the entire academic year. To request a waiver from the University-sponsored Student Health Benefit Plan, submit this form to the Office of International Students along with proof of coverage. All eligible students must complete the waiver request process by the posted deadline. Please keep a copy of this form for your records.

SECTION 1: STUDENT INFORMATION

Student Name: _____ Student ID: _____
Date of Birth: _____ / _____ / _____ Gender: Male Female
Month Day Year
Address: _____
Street Address, City, State, ZIP Code
Phone: _____ NAU Email: _____

SECTION 2: HEALTH PLAN INFORMATION – WHICH TYPE OF HEALTH PLAN DO YOU HAVE?

- Covered under a sponsor or Embassy which provides health insurance benefits for the entire academic year.
- A private health plan – Students who select this option must also submit proof of coverage, such as a copy of the front and back of your insurance card or a certificate of credible coverage obtained from your insurance company

SECTION 3: ACKNOWLEDGMENT AND WAIVER

I understand that waivers are granted on an annual basis and that a waiver request form will need to be submitted every year by the class registration deadline in order to keep the waiver active.

I hereby request to waive the college endorsed health insurance plan and will continue to be insured by the plan stated above. I understand that upon receiving waiver approval, I am solely responsible for all costs relating to the purchase of insurance and any medical expenses not covered by such policy. I acknowledge that the University has provided me the option to obtain coverage and I have freely chosen to obtain insurance from a different source. I understand that if the coverage submitted is cancelled or rescinded, I have a responsibility to notify the University immediately and obtain coverage through the plan offered by the University. I hereby release the University from any responsibility for carrying healthcare insurance coverage or the payment of any related healthcare costs incurred during my period of attendance.

Student Signature

Date