

VERMONT LAW SCHOOL

International Student Health Insurance Waiver Request Form

Vermont Law School and the U.S. government require all F-1 international students to have health insurance. Students can request an exemption from purchasing one of the plans provided by VLS if they are already covered under a plan that **meets the minimum requirements listed in the chart below.**

I, _____ do **NOT** wish to participate in the VLS plans and have an alternative form of health insurance either through my parents, spouse/domestic partner, or a personal plan that meets the minimum requirements outlined below.

Insurance Policy and Subscriber Information

Insurance Company: _____ Policy/Subscriber Number: _____

Insurance Company Phone Number: _____ Subscriber Name: _____

Relationship of Subscriber to Student: _____

Check here if insured through a foreign government.

Minimum Requirements for Non-VLS Insurance

| Type of Benefit | Minimum Benefit Requirement | Meets or Exceeds | |
|---|--|------------------|----|
| | | Yes | No |
| Emergency and non-emergency (i.e. routine) care in Vermont | Minimum coverage equals \$50,000 per event and an annual maximum deductible of \$500. | | |
| Outpatient mental health care | Similar to the VLS Freedom plan (see summary of benefits) | | |
| Prescription drug expenses | Co-insurance or co-payment based cost assistance | | |
| Period of coverage | Sept. 1 – Aug. 31 (if you turn 26 during the year, make sure to enroll in a new plan immediately and inform us with a new waiver form) | | |

Note: If you answered “No” to one or more questions, your health insurance plan does not meet the minimum requirements and cannot be used for an exemption from the VLS plans.

Certification of Accuracy - Please read the following carefully:

I certify that the above information is correct and this request waives the health insurance as provided by Vermont Law School for September 1 through August 31. I understand that if I furnish false information to VLS officials that it is a violation of VLS regulations and I may be subject to disciplinary sanctions. I understand that should my coverage listed above terminate, I need to enroll in one of the VLS Student Health Insurance plans within **30** days or obtain coverage elsewhere. I understand that I must submit this form prior to the start of **each** academic year that I am enrolled at Vermont Law School.

Signature: _____ Date: _____

Please return this form to Lori Campbell in Human Resources (Anderson House) Vermont Law School, PO Box 96, South Royalton, VT 05068. Questions – lcampbell@vermontlaw.edu / (802) 831-1212