



**REQUEST FOR WAIVER OF HEALTH
INSURANCE (FORM 1)**

Office of Student Health Services

Print and answer all sections:

1. If you **HAVE NOT** previously received a waiver based on your current private or national health insurance plan, you must submit a notarized copy of your insurance policy translated in English along with this waiver form.
2. If you have previously received a waiver with your private or national health insurance plan or your insurance plan is **OHIP**, submit this waiver form with proof of current enrollment.
3. All waiver forms must be accompanied by proof of current enrollment in the health insurance plan. Provide a photocopy of a current ID card or a letter from your employer verifying participation.

Name: _____

Address: _____ City: _____

State/Province: _____ Country: _____

Zip/Postal code: _____ Date of Birth: _____ Male: _____ Female: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name of Insurance Company: _____

Visa Status: _____ Student ID Number: _____

Have you waived Niagara University's Insurance coverage in a previous year using the above insurance Company's policy? Yes _____ No _____

I understand that:

1. This request may only be processed if the health insurance I am currently enrolled in is comparable to the policy items required by Niagara University. (Refer to form 2)
2. I agree not to hold Niagara University liable for any medical expenses that I may incur due to the limitations of my private or national Health Insurance coverage.
(Canadian students are exempt from resubmitting a waiver request for subsequent semesters.)
3. I am an International student who resides in the U.S. and have provided proof of adequate insurance coverage through an approved American Insurance Company. I hereby request a waiver for any additional insurance coverage. I agree not to hold Niagara University liable for any medical expenses that I may incur due to the limitation of my private or national Health Insurance coverage. I agree not to hold Niagara University liable for any expenses incurred due to medical evacuation or repatriation, uncovered by my insurance coverage.

Student Signature

Date

Parent/Legal Guardian Signature (for students under 18)

Date

For office use only:

Approved _____ Approved with NU Insurance Coverage _____ Denied _____ Letter of Notification _____
Signature _____ Date _____

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