CityUniversity
of Seattle

INTERNATIONAL STUDENT INSURANCE WAIVER FORM

I, _____, confirm that I have my own health insurance and
(name of the insured student)

that my current health insurance contract covers me while I am studying in the United

States.   Therefore, I decline to purchase the insurance plan provided to City

University of Seattle by Firebird International Insurance Group, I also confirm that my

current insurance meets the following minimum requirements:

Minimum Requirement	CityU Recommended Coverage
Provides coverage for both accidents and sickness	Provides coverage for both accidents and sickness
Minimum benefits of at least $50,000 per illness or injury	Minimum benefits of at least $250,000 per illness or injury
Minimum coverage for inpatient services of at least 75%	Minimum coverage for inpatient services of at least 90%
Minimum coverage for outpatient services of at least 75% and must include coverage for physician visits, x-ray, lab, and surgery	Minimum coverage for outpatient services of at least 90% and must include coverage for physician visits, x-ray, lab, and surgery
Provides repatriation of remains benefit to home-country of at least $7,500	Provides repatriation of remains benefit to home-country of $50,000
Provides medical evacuation benefit of at least $10,000	Provides medical evacuation benefit of $50,000
Requires a deductible not to exceed $500 per accident or illness	Requires a deductible not to exceed $50 per accident or illness

_____
Name of the provider

Please check one:
☐ My insurance policy is continuous.   ☐My insurance expires on _____.
   (Insurance Waiver Form required   Month/Day/Year
   for each quarter).

Deadline for submitting the waiver form and proof of insurance in English: Friday of the first week of on-campus classes. I understand that City University of Seattle reserves the right to verify the insurance enrollment with the insurance provider and that falsification of information on this form may result in dismissal from the university.

_____   _____
Print name   Signature

_____   _____
Student ID#   Date