

International Student Health Benefits Plan (SHBP) Waiver 2011-2012 Academic Year

All international students are required to purchase the CSM Student Health Benefits Plan as a condition of enrollment at the university and will not be permitted to waive the coverage. Exceptions may apply for international students who are covered under a government sponsor or a select international organization, or who are covered as a US-based employee or a dependent of a US-based employee, with US-based health Benefits provided through that employment.

In order to WAIVE OUT of the University-sponsored health benefits plan, **international students must return this completed waiver form** and supporting documentation to the Director of International Student and Scholar Services **by the published Census Date of their first term of enrollment each academic year.** Failure to do so will result in automatic enrollment in the CSM Student Health Benefits Plan, and the charge for the Plan will appear as a line item on the student's bill.

I acknowledge that by submitting this form, I am requesting to waive out of the Colorado School of Mines Student Health Benefits Plan. In addition, I hereby certify that:

1. I am currently enrolled in one of the above stated health insurance plans that will remain in effect throughout the entire 2011-2012 Academic Year.
2. I have compared my plan to the CSM Student Health Benefits Plan and have determined the Benefits to be comparable to or greater than those Benefits offered by the CSM Student Health Benefits Plan.
3. I understand that only if I am involuntarily terminated from my health insurance plan, I may be eligible to enroll in the CSM Student Health Benefits Plan. I understand that all requests for enrollment will be reviewed by the Student Health Benefits Plan Coordinator, and must be submitted within 31 days of the termination date of the Health Benefits plan to be considered.
4. I will be solely responsible for all medical expenses, and neither The Colorado School of Mines nor the CSM Student Health Benefits Plan, will be held responsible for any medical expenses that I incur.

I understand that information provided herein is confidential and will be used for the sole purpose of documenting my decision to waive the CSM Student Health Benefits Plan. Furthermore, I understand that this information will not be made available to any third party outside the CSM Student Health Program.

I am also granting The Colorado School of Mines or its agents the permission to verify this information through an auditing process. I understand that all waiver approval or denial decisions are made in the sole discretion of the CSM Student Health Program. If it is determined that the information provided on this form is invalid, I understand that I will be enrolled into and billed for the Student Health Benefits Plan for that term and for future, subsequent terms.

Please submit the completed form and supporting documentation to CSM International Student and Scholar Services (ISSS) by mail (or in person); Ben F. Parker Student Center Room 18, Colorado School of Mines, Golden, CO 80401, by fax at 303-273-3099, or by email at bsamter@mines.edu

You will be notified of the decision in writing via your CSM email account. In the event of an approval, SHBP will notify the Office of the University Bursar to remove the CSM Student Health Benefits cost of benefits from your account for the approved terms indicated in the decision letter.

Continued on the next page -->

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PLEASE PRINT LEGIBLY

CSM CWID

Last Name First Name MI Date of Birth

Address Apt. # City State ZIP

CSM Email (required) Telephone #

Graduate Student

Undergraduate Student

I certify that I will have health insurance under one of the following throughout the 2011-2012 academic year:

I am fully financially sponsored (including tuition, living expenses, medical expenses, etc.) under a government sponsor. Examples: Government of Malaysia, Government of Kuwait/UAE, Government of Libya, Government of Qatar, Government of Thailand, Government of Saudi Arabia.

I am fully financially sponsored (including tuition, living expenses, medical expenses, etc.) under a select international organization. Examples: IIE, LASPAU, USAID, FAO, WHO, Rockefeller.

I am covered as a US-based employee, or as a dependent of a US-based employee, under US-based health benefits provided through that employment.

NOTE: No socialized/standard medicine policies, including Canadian policies, will be accepted. No travel Benefits policies will be accepted.

Please attach a copy of the following two items with this request:

- 1) A copy of your health insurance ID card.
- 2) A copy of your current health insurance policy in English that verifies your plan to be comparable to or greater than those Benefits offered by the CSM Student Health Benefits Plan.
- 3) A copy of your immigration papers, if not already on file with ISSS (I-20 for F-1 visas, DS-2019 for J-1 visas, etc.).

(Requests that are submitted without these three items **will** not be considered.)

Please allow 1-2 weeks for processing. You will be notified of the decision via your CSM email account. Please keep a copy of this form (and any supporting documentation) for your records.

Student's Signature _____ Date _____

For more information, please see the Student Health Benefits Plan website: <http://inside.mines.edu/SHBP-home>

FOR OFFICE USE ONLY:

Rec'd ____/____/____ Sponsorship Verified: Yes No Approved for: Fall11 Spring12 Summer12 Denied N/A

By _____ Date ____/____/____ Reason _____

Updated Banner ____/____/____ Student Notified ____/____/____ Email Letter Both

07/13/11