

2024-2025 Student Health Benefit Plan Waiver Request Form for Students Learning Abroad

Students participating in a Learning Abroad experience who were enrolled in the Student Health Benefit Plan the previous term will automatically be enrolled in the Student Health Benefit Plan for the term of their Learning Abroad experience, unless they request a waiver.

To request a waiver from the University-sponsored Student Health Benefit Plan, submit the following to the Office of Student Health Benefits:

- This form
- Verifiable proof of other health insurance (e.g., a copy of the front and back of your health insurance card)

All eligible students must complete the waiver request process by the posted deadline. Please keep a copy of this form for your records.

A. Student Information

Name (last, first, middle initial) <i>(please print)</i>	Date of birth (mm/dd/yyyy)	Sex	U of M ID number
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Street address, city, state, ZIP code	Daytime phone	Email address
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B. Acknowledgment

ACKNOWLEDGMENT: I acknowledge that if approved, this waiver will be valid for the term of my learning abroad experience.

CONFIDENTIALITY STATEMENT: This communication is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agents responsible for delivering the communication, you are hereby notified that any distribution or copying of this communication is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone and return the communication to us at the below address via U.S. Postal Service.

Student signature (electronic signatures are not accepted)	Date signed
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