



www.hpu.edu/health-services

Forms and Instructions

INTERNATIONAL STUDENT HEALTH INSURANCE WAIVER

While studying at Hawai'i Pacific University (HPU), students need to protect their health and financial stability by having adequate health coverage to address minor and major illnesses that may arise, and to avoid unexpected interruption of their education by high medical expenses. Furthermore, all J-1 scholars and their J-2 dependents are required to maintain health insurance coverage that meets U.S. Department of State requirements for their program.

HPU believes that a health insurance policy best satisfies these requirements for our international students. As such, international students are required to have health insurance as a condition of enrollment at the University. To ensure all international students timely meet this requirement, students will be charged a \$100 medical insurance late fee if not complete and submitted before or on the 2-week deadline. To avoid this late fee, students should complete and submit the forms below at least 2-weeks before the first day of the semester. In any event, all students shall remain responsible for securing health insurance that meets HPU's minimum coverage requirements.

Remember to mark off your progress!

Fill in the boxes when Form A and Form B are completed.

Mark it off with an (seen below) or (check mark)



The following are necessary for this international student health insurance waiver:

- Form A: Health Insurance Waiver Request
- Form B: Health Insurance Requirement Worksheet

To satisfy the health insurance requirement, you must complete the following:

- Step 1: Complete Forms A and B
- Step 2: Return the correctly completed forms to the Office of International Students and Scholars to receive clearance for the health insurance requirement
- Step 3: Completed form **must be submitted 2-weeks before semester start date**. Rejected or late forms will result in a \$100 late fee applied to your account.

More information on the deadline is available at www.hpu.edu/health-services

Submit the completed forms to the Office of International students and Scholars via form submission:

[Health Insurance Waiver Submission](#)

<https://forms.hpu.edu/view.php?id=1890120>

If the links above do not work, please contact iss@hpu.edu via email for assistance. Mahalo.

NOTE / REMINDER:

All students are required to submit an accurately completed and updated Health Insurance Waiver to our office before the deadline.

If you are enrolled for more than 1 semester, you are **required** to submit the form every semester or year depending on your insurance policy coverage type / dates covered.

Please ensure you complete this as no exceptions will be made once the deadline has passed.

Mahalo.

Put your name and student ID number here!

Last Name / Surname Doe	Given Name John	University Student ID @ 000000
-----------------------------------	---------------------------	--

With your company's health insurance Summary of Coverage, use this worksheet to compare your health insurance plan to the minimum HPU health insurance requirements.

	HPU Minimum Plan Coverage Requirements	Initial
Coverage Dates	Valid policy coverage dates for the effective semester(s). List date(s): From: <u>01/05/2023</u> To: <u>5/15/2023</u> (mm/dd/yyyy) (mm/dd/yyyy)	JD
Coverage	Coverage valid in Hawaii for outpatient care, hospitalization, emergency room, accidents, medical and surgery needs to be provided	JD
Medical Benefits	Comprehensive medical coverage of at least \$100,000 USD per accident of illness	JD
Repatriation of Remains	At least \$25,000 USD coverage for repatriation	JD
Medical Evacuation	Expenses associated with the medical evacuation to his or her home country included - \$50,000 USD minimum	JD
Deductible	Not to exceed \$500 USD per accident or illness	JD
Medical Coverage	At least 75% coverage for each accident or illness	JD
Behavioral Health	Plan includes behavioral health coverage	JD
Miscellaneous	The plan must either be: 1. Underwritten by an insurance corporation with a rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI rating of "A-I" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, a Weiss Research, Inc. rating of "B+" or above. <i>or</i> 2. Be backed by the full faith and credit of the government of his or her home country. [22 CPR 62.14]	JD

Coverage dates must be valid / okay for the duration of the semester or year. Please make sure your listed dates are the day of or prior to the semester start date and after the semester ends.

I understand that information provided, herein, is confidential and will be used for the sole purpose of documenting my decision to waive the HPU student health insurance. Furthermore, this information will not be made available to any third party outside HPU.

I am also granting HPU and its agents the permission to verify this information through any auditing process. I understand that the waiver approval or denial decisions are made at the sole discretion of HPU. **If it is determined that the information provided on this form is invalid and/or I do not submit my waiver by the deadline, I understand that a fee will be placed on my HPU student account. The University will not be held financially or legally responsible for any medical charges I may incur. In addition, a hold may be placed on my HPU student account (for example, no transcripts can be obtained; no further course registration is possible).**

John Doe / (your signature)

12/20/22

Signature of Student

Date (mm/dd/yyyy)

Jane Doe

Signature of Parent/Guardian/Sponsor
(if student under 21 years of age)

12/20/22

Date (mm/dd/yyyy)

Reminder!!
This form is INVALID if you are UNDER 21 years old and do not have a parent signature.