

Clark University Health Insurance Waiver Appeal Form
Students Who Are Not US Citizens or US Permanent Residents
(US Citizens and US Permanent Residents Can [Waive Online](#))

All students who are not US citizens or US permanent residents and are enrolled in classes at Clark for a semester or more are required to be enrolled in Clark's Student Health Insurance Plan (SHIP). In rare cases, participation in the plan will be waived if the student is carrying acceptable alternate insurance with benefits comparable to the Clark plan (see below). Coverage by insurance carriers outside of the US or coverage by foreign National Health Service programs is not acceptable. Please be aware that international student health insurance plans made available by firms such as Compass Benefits Group or PSI do not provide adequate benefits and cannot be used to waive the Student Health Insurance Program requirement.

Please Note: Waivers **will only be reviewed** for students who are not US citizens or US permanent residents, who fall under one of the following criteria:

- The student has **embassy-sponsored** health insurance with benefits comparable to the Clark SHIP.
- The student has comparable health insurance through their spouse's US-based health insurance plan.
- The student has comparable health insurance provided through a US-based employer.
- The student will be out of the country for the entire academic year (must show proof of insurance that will cover the student in their location).
- The student does not hold a valid US visa that allows for study and does have US health insurance that is comparable to Clark SHIP.

How to Submit Waiver Appeal:

Please email this completed form (fill out below) and all supporting documentation to: saccounts@clarku.edu. All documentation must be submitted in English and in PDF format. The Clark University Health Insurance Appeal Committee will then review your documentation and contact you within 2 weeks to inform you of the appeal decision.

To Be Completed By Student:

Full Name: _____ Student ID #: _____

Telephone #: _____ Clark Email Address: _____

Were you waived with the plan for a previous academic year? (**Circle one**): Yes/No

Select: the approved criteria you fall under for waiver appeal

____ I have **embassy-sponsored** health insurance with benefits comparable to the Clark SHIP.

____ I have comparable health insurance through my spouse's US-based health insurance plan.

____ I have comparable health insurance provided through a US-based employer.

____ I will be out of the country for the entire current academic year of _____ (fill in academic year).

___ I do not hold a valid US visa that allows for study, but I do have US health insurance that is comparable to Clark SHIP.

Documentation:

- Copy of your health insurance plan and full description of benefits and coverage.
- Scanned PDF Copy of the front and back of your current health insurance card showing your name.
- If the plan is through a U.S. based company: provide either a letter from the respective employer's Human Resource department OR a coverage/benefits letter that clearly states you are covered under the employer's plan for the policy year.
- If you will be out of the country for the academic year: have your Clark academic department confirm via email that you will be out of the country for the respective academic year.
- If you do not hold a valid US visa that allows for study, but do have US health insurance that is comparable to Clark SHIP: have the International Students and Scholars Office confirm this selection via email.

Submit to: saccounts@clarku.edu for review