

INSURANCE EXEMPTION REQUEST FORM

The International Student Affairs Office will contact you whether your waiver request has been approved or denied.

YOU MUST SELECT A REASON BELOW AND ATTACH ANY REQUIRED DOCUMENTATION

I am attending UMKC as a **Government** sponsored student. I am sponsored by: _____

Attach a Copy: Financial Guarantee letter and insurance card

I am NOT attending UMKC on an F-1 or J-1 visa. My current visa type is: _____ (H1B, H4, L1, etc.)

Attach a Copy: Insurance card and visa if other than F-1 or J-1.

I have changed my immigration status from (circle one) F-1 or J-1 to _____ (enter type).

Attach a Copy: I-94, I-551 stamped passport, Work Authorization, or Notice of Approval.

I am approved for Optional Practical Training or Economic Hardship and have coverage through my employer.

Attach a Copy: EAD card and insurance card.

I am the dependent of a U.S. citizen, Permanent Resident, or other person authorized to work in the U.S. and have dependent coverage.

Attach a Copy: Insurance card and marriage certificate (if spouse) or birth certificate (if child). Both names must be present on the insurance card; if not, we require copies of both insurance cards.

I no longer have an active SEVIS record and will not be present in the U.S. on an F-1/J-1 visa, but enrolled in UMKC courses.

I am transferring out of UMKC.

I am on post completion OPT, but enrolled in a UMKC course.

I have a certifiable pre-existing medical condition requiring extraordinary medical needs.

Attach a Copy: Letter from attending physician in English on office letterhead, and proof of coverage.

By signing this document I agree to waive my health insurance requirement for as long as I'm enrolled in my current program at the University of Missouri-Kansas City. I understand I will be required to resubmit this document if I am admitted to another program at UMKC.

I agree to inform ISAO immediately if I lose my current insurance coverage so I can be enrolled in Aetna Student Health through UMKC.

Name: _____

UMKC Student ID: _____

Signature: _____

Date: _____