

### **REQUEST FOR EXEMPTION: INTERNATIONAL HEALTH INSURANCE FEES**

Center for International Faculty and Student Services, 180 College Avenue, New Brunswick, NJ 08901

Telephone: 732-932-7015 Fax: 732-932-7992

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This form should only be completed and submitted by students who have been billed for the insurance fee on their current term bill, meet a reason for insurance exemption, and would like to have the insurance fee removed from their term bill.

This form should **NOT** be submitted if:

1. You have a full-time, full year Assistantship. These students should have this fee removed at the time the RT-100 (tuition remission) form is submitted to the Cashier's Office. If the insurance fee was not removed from your term bill by the Cashier's Office at the time you submitted your tuition remission form, you will need to return to the Cashier's Office with proof of your TA/GA and ask to have the fee removed from your term bill.
2. You have **NOT** been billed for the insurance fee on your current term bill
3. You have a Internal Graduate Fellowship and have accepted the insurance coverage offered to you by the Graduate School

**\*\*\* THE DEADLINE TO SUBMIT AN INSURANCE EXEMPTION REQUEST IS 30 DAYS AFTER THE START OF THE CURRENT SEMESTER. INSURANCE EXEMPTION REQUESTS WILL NOT BE APPROVED OR PROCESSED IF THE REQUEST IS INCOMPLETE, SO PLEASE READ ALL INFORMATION PROVIDED AND SUPPLY ALL NECESSARY DOCUMENTATION AS REQUIRED. \*\*\***

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#### **Insurance Exemption Request - Instructions, Policies, and Procedures**

This form cannot be submitted to the Center for International Faculty and Student Services more than 30 days after the start of classes, unless you are able to document that you missed the deadline due to circumstances beyond your control. All insurance documents must be translated into English and show U.S. dollar amounts. The student is also responsible for photocopying all supporting insurance exemption documentation before submitting the request to The Center. This supporting documentation must show that you are fully insured for the entire semester. For insurance purposes, the Fall semester is 9/1/2009-1/18/2010 and the Spring semester is 1/19/2010- 8/31/2010. If the international health insurance fee was not originally included on your printed term bill, you must submit this request form within 14 days of the first printed "Notice of Unpaid Balance" you receive which includes the fee. If you miss the deadline for requesting this exemption for reasons within your control, you will be required to pay the insurance fee for the applicable semester(s). If your request is approved, we will directly notify the Student Accounting Office to remove the insurance fee from your term bill. If your request is denied, our office will contact you by telephone or e-mail. Please be sure to adjust the spam filters on your e-mail account so that any e-mail from our office will be accepted.

**Registered students** - only the major medical fee will be waived; basic fee will not be waived

**Basic insurance fee:** the Basic fee will not be removed from the term bill of any registered student, even if you are taking less than full time credits or have an insurance policy of your own. This is University policy, not The Center's policy. . The University requires every registered international student to have the Basic fee for liability purposes. If you are a registered student, then the Basic fee will NOT be waived.

**Required Signature:** your signature is required in order for your insurance exemption request to be approved and processed by our office. A request that is submitted without a signature will be considered to be an incomplete request and will not be processed. The signature portion of the request is located on the reverse side of this form towards the bottom of the page.

**(Please read and complete reverse side of form)**

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**Request for (check one):**  Fall 2009  Spring/Summer 2010  
Note: A separate request must be filled out for each semester for which you are requesting an exemption.

Today's date \_\_\_\_\_ Student ID# \_\_\_\_\_

Family name \_\_\_\_\_ First name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

On which Rutgers campus are you enrolled?  New Brunswick  Newark  Camden

**REASON FOR REQUEST (check applicable box AND also attach documentation):**

I have other medical insurance outside of Rutgers University. Please attach a copy of proof of your present insurance coverage.

I have a full-time, full year Assistantship with medical insurance through my Assistantship. I submitted the RT-100 form to the Cashier's Office however, the insurance fee was not removed from my term bill at that time. Please attach proof of your present insurance coverage.

I have changed my immigration status from (circle one) F-1/F-2/J-1/J-2 to \_\_\_\_\_. Please attach a copy of your new I-94 and also notify your campus's SEVIS Administrator to close your SEVIS record.

My immigration status is \_\_\_\_\_. I have never been in F-1/F-2 or J-1/J-2 immigration status. Please attach a copy of your I-94.

I am in F-1/F-2 or J-1/J-2 immigration status however, Rutgers University is NOT my visa sponsor. Please attach a copy of your I-20 or DS-2019.

I am now a U.S. permanent resident. Please attach a copy of your Alien Registration card ("green card") with the A# on it, or the stamp in your passport showing your A#, and notify your campus's SEVIS Administrator.

I am living outside the United States. Please attach documentation from your department stating that you will not be in the United States and the period for which you will be outside of the United States.

My spouse, (name) \_\_\_\_\_ (student ID #) \_\_\_\_\_ is a (circle one) GA/TA/faculty/staff at Rutgers and is covered by insurance through his/her department by which I am also covered. Attached is dated proof of my present insurance coverage (e.g., letter from dept., pay stub)

I am registered for matriculation continued (O credits) and will not be living in commuting distance of campus or using campus facilities. I will be living in (city, state) \_\_\_\_\_. Please attach proof of current residence (e.g., copy of driver's license, utility bill, etc.).

I am on F-1 Practical Training or J-1 Academic Training. If F-1, please attach a copy of your EAD.

I am a (circle one) F-2/J-2 whose spouse is at an institution other than Rutgers. Please attach a copy of your insurance along with a copy of your spouse's I-20 or DS-2019.

Other reason(s): \_\_\_\_\_

**Signature (Required)**

**I certify that I have read all instructions, policies, and procedures listed on this form. I am not providing false or misleading information to The Center and I am responsible for adhering to the policies and procedures listed on this form. I certify that I have not made a claim on the major health insurance policy I wish to be exempted from.**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

**OFFICE USE ONLY:** SRDB\_\_ ExemptDB\_\_ Memo StdAcct\_\_ Email\_\_ 6/09