



**International Student Insurance (ISI) – Waiver Form**

Last Name	First Name	MI	PUID

I waive the ISI coverage for:

Academic Year	Fall Semester	Spring Semester	Summer Semester
---------------	---------------	-----------------	-----------------

\*By signing this waiver form I declare:

- ◆ I have read the description of the Purdue University Calumet Student Health Insurance Coverage Summary from **International Student Insurance (ISI)** <https://www.InternationalStudentInsurance.com>
- ◆ I elect to waive my right to participate in this plan because I have comparable worldwide major medical insurance coverage.
- ◆ I understand that I must provide proof of coverage as follows, and proof is attached to this waiver form.
- ◆ I understand that *I must maintain this insurance throughout the 2015-2016 academic year.*
- ◆ I understand that cancelling this policy without an immediate replacement could result in my being dropped from my courses.
- ◆ I understand that I must reapply every academic year if I want to be waived in the future.

Student Signature*	Date
--------------------	------

Complete My Policy's Benefit Coverage Summary below and attach a copy of the insurance policy to complete the Proof of Coverage Form. Submit to the *Graduate Studies Office in Lawshe 242.*

Insurance Company using: \_\_\_\_\_ Web address: \_\_\_\_\_

**THE BOTTOM PORTION OF THIS FORM MUST BE FILLED OUT COMPLETELY**

Coverage	ISI Criteria	Special Instructions	My Policy's Benefit Coverage Summary
Period of Coverage Maximum Benefits	\$250,000.00	Maximum benefit must <i>meet or exceed</i> ISI coverage	
Repatriation of remains back to home country	\$25,000.00	Maximum benefit must <i>meet or exceed</i> ISI coverage	
Medical evacuation back to home country	\$50,000.00	Maximum benefit must <i>meet or exceed</i> ISI coverage	
Maximum benefit per injury	\$100,000.00	Maximum benefit must <i>meet or exceed</i> ISI coverage	