



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.

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 program start date listed on their I-20 (F-1) or DS-2019 (J-1). 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:

Hawai'i Pacific University
Office of International Students and Scholars
500 Ala Moana Blvd, Ste 5A
Honolulu, Hawai'i 96813 - U.S.A.

Or via email to: iss@hpu.edu

Last Name / Surname	Given Name	University Student ID @
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I attend HPU on a(n): <input type="checkbox"/> F-1 visa <input type="checkbox"/> J-1 visa <input type="checkbox"/> Other non-immigrant visa: _____	I am a(n): <input type="checkbox"/> Undergraduate student <input type="checkbox"/> Graduate student	I plan to attend HPU for: <input type="checkbox"/> A full degree program <input type="checkbox"/> 1 semester <input type="checkbox"/> 2 semesters
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My country of citizenship: _____ My birthday (mm/dd/yyyy): _____

I am enrolled for the: Fall semester Spring semester Summer terms

My address (home country): _____

My Hawaii address (if not yet determined, put TBD): _____

Estimated date of arrival in Hawaii: _____ Estimated date of departure from Hawaii: _____
mm/dd/yyyy mm/dd/yyyy

Note: J-1 visa holders must have health insurance for the entire period of stay (not simply enrollment at HPU) and must also cover all dependent J visa holders (J-2).

I qualify for the waiver under the following category (select one):

- I am sponsored by my country’s Embassy or have coverage as part of a loan/grant from my country
 - If selected, complete Forms A & B
- I am covered by insurance other than that listed above
 - If selected, complete Forms A & B

I acknowledge that by submitting the health insurance waiver form, I am waiving out of the HPU student health insurance plan and certify that: (Please initial after each statement)	Initial
1. I am currently enrolled in a health insurance plan that will remain in effect during my enrollment at HPU	
2. I have communicated with my health insurance carrier and determined all benefits meet the minimum HPU health insurance and immigration requirements. It will also adequately cover me during transit and during my stay in the U.S.	
3. I understand that if I am involuntarily terminated from my health insurance, I will be responsible for obtaining another health insurance plan	
4. I will be solely responsible for all medical expenses. HPU will not be held responsible for any medical expenses that I incur during my enrollment or during my stay in the U.S.	
5. I will notify HPU if my insurance coverage changes or if it ends during my enrollment	
6. I will promptly pay expenses incurred through my healthcare provider that are not covered by my policy or any part of the deductible amount	
7. I understand that I must submit the international health insurance waiver by the deadlines posted by HPU	

Please continue to Form B on the reverse side of this page →

Last Name / Surname	Given Name	University Student ID @
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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: _____ To: _____ (mm/dd/yyyy) (mm/dd/yyyy)	
Coverage	Coverage valid in Hawaii for outpatient care, hospitalization, emergency room, accidents, medical and surgery needs to be provided	
Medical Benefits	Comprehensive medical coverage of at least \$100,000 USD per accident of illness	
Repatriation of Remains	At least \$25,000 USD coverage for repatriation	
Medical Evacuation	Expenses associated with the medical evacuation to his or her home country included - \$50,000 USD minimum	
Deductible	Not to exceed \$500 USD per accident or illness	
Medical Coverage	At least 75% coverage for each accident or illness	
Behavioral Health	Plan includes behavioral health coverage	
Miscellaneous	The plan must either be: <ol style="list-style-type: none"> 1. Underwritten by an insurance corporation with a rating of “A-” or above, an Insurance Solvency International, Ltd. (ISI rating of “A-” or above, a Standard and Poor’s Claims Paying Ability rating of “A-” or above, a Weiss Research, Inc. rating of “B+” or above. <li style="text-align: center;">or 2. Be backed by the full faith and credit of the government of his or her home country. [22 CPR 62.14] 	

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).**

Signature of Student	Date (mm/dd/yyyy)
Signature of Parent/Guardian/Sponsor (if student under 21 years of age)	Date (mm/dd/yyyy)