APPLICATION FOR INSURANCE WAIVER: ExPharmD Student

☐ Current Quarter Only    ☐ Annual

International students enrolled at the University of Washington are required to have and maintain accidental injury and sickness insurance. You must purchase the UW Student Accident and Sickness Insurance Plan, or request a waiver. The deadline for requesting a waiver is 1:00 p.m. on the 5th calendar day of the quarter. You’ll need to request a waiver each quarter you are enrolled.

To request an insurance waiver, you must qualify under one of the categories listed below. ExPharmD students qualify regardless of the categories listed below. If you qualify, deliver this form to: International Services Office (Att’n: Claudia Calisch), University of Washington, 1400 NE Campus Parkway, 459B Schmitz Hall, Box 355832, Seattle, WA 98195-5832. Fax: 206-685-3541 (Att’n: Claudia Calisch)

If you do not request and qualify for an insurance waiver, you will be required to pay the premium for the UW Accident and Sickness Insurance Plan by the tuition due date (third Friday of the quarter).

Print this page, check the appropriate waiver eligibility category, fill in the information at the bottom of the page and deliver it with documentation to the ISO immediately after registering for your first ExPharmD course of each quarter. If an Annual Application for Insurance Waiver please submit immediately after registering for your first ExPharmD course on or after July 15th of each year.

☐ N/A “Visiting” student attending UW as part of an official exchange program sponsored through the UW Office of International Programs and Exchanges.

☐ N/A Student funded by his or her government, or the U.S. government. Funding agencies include but are not limited to Fulbright, DAAD, and LASPAU.

☐ N/A Student employed in Washington State (or the dependent of an employee), with full medical coverage provided by the employer.

☐ N/A Student transferring from another U.S. educational institution with a preexisting medical condition.

☐ N/A Student enrolled at UW but doing research outside the United States.

________________________________________  ___________________________________
Student’s last name                        First name

________________________________________  ___________________________________
UW Student ID number                       UW e-mail address

________________________________________  ___________________________________
Signature                                    Date