

International Student Health Insurance Waiver Instructions

While studying at Hawai'i Pacific University (HPU), students are required to maintain adequate health insurance to protect their health and financial well-being. Comprehensive coverage helps ensure access to medical care for both routine and unexpected health needs while reducing the risk of significant medical expenses that could disrupt a student's education. In addition, all J-1 scholars and their J-2 dependents must maintain health insurance that complies with U.S. Department of State requirements throughout their program.

To meet these requirements, HPU requires all international students to maintain qualifying health insurance as a condition of enrollment. Students who choose to waive the University's insurance plan must demonstrate that their alternate coverage meets HPU's minimum coverage requirements.

To avoid a \$100 medical insurance late fee, students must complete and submit all required waiver forms at least two (2) weeks BEFORE the first day of the semester. Waiver submissions received after this deadline will be subject to the late fee. Regardless of the submission date, all students remain responsible for maintaining health insurance that satisfies HPU's minimum coverage requirements.

Required Forms:

1. Form A: Health Insurance Waiver Request
2. Form B: Health Insurance Requirement Worksheet

NOTICE: *This form is not health insurance coverage.* It is a waiver used to verify that you have secured your own health insurance plan that meets the required criteria. Students are responsible for finding and maintaining their own health insurance coverage before submitting this waiver.

To complete the waiver:

1. Complete Forms A and B.
2. Submit both forms to the Office of International Students and Scholars (OISS) for approval.
3. Submit forms at least **2 weeks before the semester start date**.

Late or rejected forms will result in a \$100 fee. Students are responsible for maintaining coverage that meets HPU's minimum requirements. Details: <https://www.hpu.edu/health-services/health-insurance.html>

EMAIL COMPLETED FORMS TO ISS@HPU.EDU

Reminder: All international students are required to submit a complete and current Health Insurance Waiver to the Office of International Students and Scholars (OISS) by the deadline. Students enrolled for multiple semesters must submit a new waiver each semester or academic year, as required based on their insurance coverage. Waivers submitted after the deadline will not be accepted, and no exceptions will be granted.

1. *I am currently covered by a health insurance plan for the duration of my enrollment at HPU.* _____
2. *I have confirmed with my health insurance carrier that my coverage meets HPU and immigration requirements and provides adequate coverage during travel and my stay in the U.S.* _____
3. *I understand that I am responsible for obtaining new health insurance if my current coverage is involuntary terminated.* _____
4. *I am solely responsible for all medical expenses incurred during my enrollment and stay in the U.S. HPU is not responsible for these expenses.* _____
5. *I will notify HPU if my insurance coverage changes or ends during my enrollment.* _____
6. *I will promptly pay any medical expenses not covered by my insurance, including deductible amounts.* _____
7. *I understand that I am responsible for submitting the international health insurance waiver by the deadline.* _____

FORM B: Health Insurance Waiver Worksheet

Use your health insurance Summary of Coverage with this worksheet to check if your plan meets HPU's minimum health insurance requirements. Please initial next to each statement.

Coverage Dates	Valid policy coverage dates for the semester From: _____ To: _____ (MM/DD/YYYY) (MM/DD/YYYY)	_____
Coverage	Coverage valid in Hawaii for: outpatient care, hospital stays, emergencies, accidents, and medical/surgery services.	_____
Medical Benefits	Medical coverage of at least \$100,000 USD per accident or illness.	_____
Repatriation of Remains	Repatriation coverage: minimum \$25,000 USD	_____
Medical Evacuation	Medical evacuation coverage to home country: minimum \$50,000 USD	_____
Behavioral Health	Plan includes behavioral health coverage	_____
Miscellaneous	The plan must be: - Underwritten by an insurance corporation with a rating of "A-" or above, an <i>Insurance Solvency International, Ltd.</i> (ISI rating of "A-I" or above, a <i>Standard and Poor's Claims Paying Ability</i> rating of "A-" or above, a <i>Weiss Research, Inc.</i> rating of "B+" or above. or - Be backed by the full faith and credit of the government of his or her home country. [22 CPR 62.14]	_____

CONFIDENTIALITY & ACKNOWLEDGEMENT:

I understand that the information I provide is confidential and will only be used to process my health insurance waiver. It will **not** be shared with anyone outside HPU.

I give HPU and its agents permission to verify this information. I understand that approval or denial of the waiver is at **HPU's discretion**. If the information is incorrect or if I miss the waiver deadline:

- A fee will be charged to my student account.
- HPU is not responsible for any medical expenses I incur.
- A hold may be placed on my account, blocking transcripts or course registration.

Signature of Student

Date (MM/DD/YYYY)

Signature of Parent/Guardian/Sponsor
(if student is under 21 years old)

Date (MM/DD/YYYY)

Submit the completed form to the Office of International Students and Scholars at 500 Ala Moana Blvd, Ste 5A, Honolulu, HI 96813 or email to iss@hpu.edu.