



HAWAI'I PACIFIC
UNIVERSITY

Office of International
Students and Scholars
1164 Bishop St., Ste. 200
Honolulu, HI 96813
808-356-5299
iss@hpu.edu

www.hpu.edu/healthcare

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 meet this requirement, students will be charged a medical insurance verification fee. To waive this fee, students must complete and submit the International Student Health Insurance Waiver. The waiver verifies that students have health insurance and comparable coverage through another insurance plan. Students are responsible for securing a health insurance plan 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 complete the health insurance requirement, you must complete the following:

Step 1: Complete Forms A and B. Attach a copy of Health Insurance Policy that meets all minimum requirements. Make sure Policy is written in English.

Step 2: Return the completed forms to the Office of International Students and Scholars to receive clearance for the health insurance requirement and fee. The published deadline for each term is available at www.hpu.edu/healthcare.

Submit the completed forms to:

Hawai'i Pacific University
Office of International Students and Scholars
1164 Bishop St. Suite 200 (UB Building, 2nd Floor)
Honolulu, Hawaii 96813 - U.S.A.

If you have further questions, please email us at iss@hpu.edu

Health Insurance Waiver Request



**Form
A**

Last Name / Surname	First Name	University Student ID# @
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I attend HPU on a: J-1 Visa I am: Undergraduate Student Graduate Student

I am an Exchange Student (1 semester) Exchange Student (2 semesters)

My country of citizenship is: _____ My birthday mm/ddyy: _____

I am enrolled for the: Fall Semester Spring Semester Summer Term

My current address: _____

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

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

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 family members under their visa.

I qualify for the waiver under the following category:

- I am sponsored by my country's Embassy.
 - Attach a copy of your Letter of Sponsorship and complete Forms A & B.
- I am covered by insurance other than that listed above.
 - 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 . I am including a copy of my Health Insurance Policy with this Form.	
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 student waiver by the deadlines publicized by HPU.	



Last Name / Surname	First Name	University Student ID# @	Email Address
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With your company's health insurance Summary of Coverage, use this worksheet to compare your health insurance plan to the HPU minimum health insurance requirements. Please check the box that applies to your coverage.

	HPU Minimum Plan Coverage Requirements	Initial
Coverage Dates	Valid policy coverage dates for the effective semester(s). List date(s): From: _____ To: _____ <small>mm/dd/yy mm/dd/yy</small>	
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 or 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.	
Behaviorial Health	Plan includes behaviorial health coverage.	
Miscellaneous	The plan must either be: 1. Underwritten by an insurance corporation with a rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI rating of "A-I" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, a Weiss Research, Inc. rating of "B+" or above. 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 I will be automatically enrolled in HPU's student health insurance plan for the term and for subsequent terms. 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/yy)

Signature of Parent/Guardian/Sponsor
(if student under 21 yr. of age)

Date (mm/dd/yy)

Submit the completed forms to Hawai'i Pacific University, 1164 Bishop St. Suite 200, Honolulu, Hawaii 96813 USA