



International Health Insurance Waiver Request Form

(Students on OPT should use the [OPT Insurance Waiver Form](#))

The purpose of this form is to request cancellation of your International Health Insurance because you have other insurance that meets UM insurance requirements.

Complete this form & submit with below documents by email to ihi@umich.edu. Please scan your documents, as our office does not accept photos of documents.

Proof of Insurance: A copy of your **insurance card/certificate** or **insurance contract**. If your insurance plan covers your dependents, please also attach proof that they are covered by the plan.

A copy of your **insurance plan booklet** in English. This information should include the **specific details** of your insurance coverage, including any **restrictions, limits, or exclusions in your coverage** while you are in the U.S..

Requests are usually evaluated within two weeks. You will receive email notification at **your UM email** once your request is approved or denied.

LAST NAME	FIRST NAME	UM I.D. #
INSURANCE COMPANY:		POLICY NUMBER:

WAIVER START DATE:		WAIVER END DATE*:	8/31/2022 <i>or</i> program end date (if earlier):
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*Note: all waivers expire on August 31, and must be renewed each September.

CHECK BELOW ONLY IF YOUR INSURANCE PROVIDED BY:

A SPONSOR NAME OF SPONSOR _____

A FAMILY MEMBER

FAMILY MEMBER NAME	RELATIONSHIP	UM I.D. # (if UM employee)

SIGNATURE	DATE

For Office Use Only:

APPROVED

DENIED

Authorization: _____ Date: _____ Documents: Attached Imaged None