

Visiting Scholar Insurance Waiver Guidelines

As a participant in the Exchange Visitor Program at Iowa State University, you agreed to purchase and maintain adequate health insurance for the duration of your stay in the U.S. This coverage is mandatory for nonimmigrant visiting scholars and any accompanying spouse and dependent(s) and all are subject to the requirements of the Affordable Care Act [22CFR 6214(a)].

The Student and Scholar Insurance Program requires **ALL International Visiting Scholars** to submit a **completed Insurance Form** to the University Human Resources Service Center, 3810 Beardshear within 31 days of their arrival. If a Scholar has insurance coverage **in effect before arriving** at Iowa State University, the Scholar may apply to have the insurance requirement waived.

The "Waiver Request Form" will not be accepted unless all forms and requested documentation are complete.

Documents needed for review:

Waivers missing any of the following information will be DENIED.

1. ISU Insurance Form
2. I-94 copy stamped with your date of arrival
3. A description (*in ENGLISH*) of benefits provided under your insurance plan that lists all of the "Minimum Insurance Requirements" below.
4. Insurance Card with the following information:
Plan Name, Address, Customer Service Phone Number, Policy Number
5. Dates of Coverage

Minimum Insurance Requirements:

Waivers not meeting ALL of the below requirements will be DENIED.

- 1) The insurance coverage MUST meet U.S. Department of State coverage requirements:
 - a) Medical benefits: \$100,000 USD per accident or illness;
 - b) Medical Evacuation: \$50,000 USD minimum;
 - c) Repatriation: \$25,000 USD minimum;
 - d) Deductible: \$500 USD maximum.
- 2) May be subject to the requirement of the Affordable Care Act
- 3) Underwritten by an insurance corporation having an A.M. Best rating of A- or above
- 4) Must be in effect on or prior to the date of arrival to the United States.
- 5) Must be in force for the duration of their time at Iowa State University.

Waiver Review and Decision Process:

When the waiver request for is submitted to the University Human Resources Service Center, it is reviewed for complete documentation. If more information is needed, the Scholar is asked to provide the information in a timely manner.

Once the application and documentation is complete, it is reviewed by an HR Consultant. Approval or denial of waiver is based on the information the scholar provided and in the event that no claims for benefits payments were made against the ISU plan.

The Scholar is notified by email if a waiver is approved or denied. If it is denied at that time we will enroll the Scholar in Aetna Student and Scholar Health Insurance plan and bill the premiums to the "Billing Option" selected on the Insurance Form, step 1. A waiver is granted for the plan year (August to July) in which the Scholar is visiting.

A waiver must be renewed each plan year or return visit to ISU by submitting a new waiver application and insurance documentation.

**Federal requirements are as stated for individuals with J-1 visa types. If a Scholar has a different visa type (i.e. B-1, H-1), the Scholar must still provide proof of insurance for the duration of their stay at ISU. They will not be held to the same amount guidelines for insurance coverage.

Visiting Scholars

Health Insurance Waiver Request Form

As a participant in the Exchange Visitor Program at Iowa State University, you agreed to purchase and maintain adequate health insurance for the duration of your stay in the U.S. This coverage is mandatory for nonimmigrant visiting scholars and any accompanying spouse and dependent(s) and all are subject to the requirements of the Affordable Care Act [22CFR 6214(a)].

To be eligible for a waiver of the ISU Student and Scholar Health Insurance Plan fee, this form must be completed and returned with all supporting documents **within 30 days of arrival** in the United States.

Waiver requests MUST be received within 30 days of arrival.

Waiver request period: From (mm/day/year): _____ To (mm/day/year): _____

**This waiver will be denied if your insurance did not begin PRIOR to your "From" date and go through your "To" date.*

Scholar Information:

Last Name: _____ First Name _____

University ID Number: _____ Immigration Status _____

Local Address _____

Email _____ Phone Number _____

Minimum Insurance Requirements:

Your insurance policy **MUST** meet or exceed **all** of the following benefits listed in U.S. Dollars.

- (1) Medical Benefits: \$100,000 minimum per accident or illness;
- (2) Medical Evacuation: \$ 50,000 minimum;
- (3) Repatriation: \$ 25,000 minimum; and
- (4) Deductible: \$ 500 maximum
- (5) Coverage must begin on or prior to your date of arrival in the U.S. and continue throughout your entire stay at ISU
- (6) Underwritten by an insurance corporation having an A.M. rating of A- or above

Waiver Documents needed for review:

Waivers missing the following information will be **DENIED**.

1. ISU Insurance Form
2. I-94 copy stamped with your date of arrival
3. A description (in ENGLISH) of benefits provided under your insurance plan that lists all of the "Minimum Insurance Requirements" above.
4. Insurance Card with the following information:
Plan Name, Address, Customer Service Phone Number, Policy Number
5. Dates of Coverage

(must begin prior to your date of arrival in the U.S. and continue throughout your entire stay at ISU)

Visiting Scholar Affidavit:

I certify that the above information is true and accurate. I authorize a representative of Iowa State University to contact my insurance carrier and verify my current eligibility and benefits.

I understand that a waiver will not be granted if any of the following occur: 1) Information or attachments are not complete or accurate; 2) insurance policy lapses, or is inadequate; 3) information is presented after the waiver request deadline; 4) any claims have been incurred for the current plan year on the ISU Student and Scholar Health Insurance Plan.

I am fully aware that Iowa State University is not responsible for the interpretation or review of the policy information presented, or any expenses resulting therefrom. I agree to be responsible for advising the ISU Student and Scholar Insurance Office (*in writing*) of any lapses or cancellations of this policy during my stay at Iowa State University. **I understand that I must complete a new Waiver Request Form and provide supporting documentation each August.**

Visiting Scholar Signature: _____ Date _____

Return this form and supporting documents to:

University Human Resources
Iowa State University
3810 Beardshear Hall
Ames IA 50011-2033

Email: isusship@iastate.edu
Phone: 515-294-4800
Fax: 515-294-8226

