

REQUEST FOR EXEMPTION: INTERNATIONAL HEALTH INSURANCE FEES

Center for International Faculty and Student Services
180 College Avenue, New Brunswick, NJ 08901-1156
Internet: www.rci.rutgers.edu/~cifss/
tel: 732-932-7015 fax: 732-932-7992

In order for proper record-keeping to occur, this form cannot be submitted to the Center for International Faculty and Student Services more than 30 days after the start of classes, unless you are able to document that you missed the deadline due to circumstances beyond your control.

If the international health insurance fee was not originally included on your printed term bill, you must submit this request form within 14 days of the first printed "Notice of Unpaid Balance" you receive which includes the fee. If you miss the deadline for requesting this exemption for reasons within your control, you will be required to pay the insurance fee for the applicable semester(s).

Note: Part-time students - both the basic and major medical benefits will be waived and you will have to go to Hurtado Health Center and purchase the basic insurance there.

Full-time students - only the major medical benefit will be waived; basic will not be waived

Request for (check one): Fall 2001 Spring/Summer 2002

Note: a separate request form must be filled out for each semester you are requesting an exemption.

Today's date _____ Student ID# _____

Family name _____ First name _____

Mailing Address _____

Telephone # () _____ E-mail address: _____

On which Rutgers campus are you enrolled? New Brunswick Newark Camden

REASON FOR REQUEST (check applicable box below **AND** attach documentation):

If your reason and documentation are approved, we will directly notify the Student Accounting Office to confirm your exemption from the insurance fee, and we will inform you by e-mail at that time.

I have changed my immigration status from (circle one) FI/F2/J1/J2 to _____. Please attach a copy of your new I-94.

I am now a U.S. permanent resident. Please attach a copy of your Alien Registration card ("green card") with the A# on it, or the stamp in your passport showing your A#.

I am living outside the USA. Please attach documentation from your department stating that you will not be in the United States.

My spouse, (name) _____ (student ID #) _____ is a (circle one) GA/TA/ RA/faculty/staff at Rutgers and is covered by insurance through his/her department by which I am also covered. Attached is dated proof of my present insurance coverage (e.g., letter from dept., pay stub)

I have other medical insurance outside of Rutgers University. Please attach proof of your present insurance coverage including the name, effective dates of coverage, address and phone number of the insurance company, and a summary of benefits.

I am registered for matriculation continued (O credits) and will not be living in commuting distance of campus or using campus facilities. I will be living in (city, state) _____.

I am on Practical Training. Please attach a copy of your EAD.

I am a (circle one) F2/J2 whose spouse is at an institution other than Rutgers. Please attach a copy of your insurance along with a copy of your spouse's I-20 or IAP-66.

Other reason(s): _____

OFFICE USE ONLY

SRDB _____ ExmptDB _____ memo StdAccnt _____ email std _____ ISDB _____