



HOFSTRA UNIVERSITY

International Student Affairs

Division of Student Affairs
202 Roosevelt Hall
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Hempstead, NY 11549-2000
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International Student Insurance Waiver Request Form

All F-1 and J-1 international students are automatically enrolled for the health insurance policy offered by Hofstra University. Students who hold another health insurance plan may request that the insurance be waived.

To apply for a waiver (due by end of the second week of classes):

1. Please fill out this form.
2. Provide a copy of your insurance policy (including a detailed explanation of what the policy covers) in English.
3. Submit this form and all supporting documentation to International Student Affairs (international@hofstra.edu). Requests for waivers submitted after the deadline will be refused.

If the waiver is granted, the student must show that the policy was purchased. It is the student's responsibility to maintain the required coverage as stated by U.S. government regulations. Hofstra University will not be responsible for any costs, losses or damages incurred by the student or his/her dependents caused by a student's failure to maintain the required coverage. Students who want their insurance waived must reapply every semester.

STUDENT INFORMATION

Hofstra ID #: _____ Name: _____
Surname/Family Name Given Name

U.S. Phone #: _____ Email: _____

Country of Citizenship: _____ Immigration Status: _____

INSURANCE INFORMATION

Name of Insurance Company: _____

Policy Number: _____ Period of Coverage: _____

Name of Policy Holder: _____ Relationship to Insured: _____

By signing below, I acknowledge that the information above is true and accurate and that I have read, understood, and agreed with the foregoing.

Student Signature

Date

Signature of Policy Holder if other than Student: _____