

# One Step : Form

## Overseas Travel Insurance Waiver Request - Form

Profile **UW ID**

**First Name:**

**Middle Name:**

**Last Name:**

**Email Address:**

**CC Email Address:**

## Insurance Waiver: General Information:

**Instructions:**

**Please read these instructions carefully. Late or incomplete requests will be declined.**

The University of Washington requires that student travelers to destinations abroad purchase overseas travel insurance through a third-party vendor. However, students who demonstrate that they have equivalent coverage may request to have this requirement waived. To request a waiver, please complete this form and submit by clicking on the button at the bottom of the page.

Students traveling through the UW Study Abroad office (Seattle, Tacoma, or Bothell) must submit your

waiver request by the deadline below. Others must submit at least 3 weeks before travel.

**Early Fall:** May 1

**Autumn Quarter:** July 1

**Winter Quarter:** October 15

**Spring Quarter:** January 15

**Summer Quarter:** April 1

If you have any questions, please contact the UW Global Emergency Manager:

Phone: (206) 616-7927

Email: [travelemergency@uw.edu](mailto:travelemergency@uw.edu) (mailto:travelemergency@uw.edu?  
subject=Overseas%20Insurance%20Waiver)

(\*) Required

**1. Study Abroad/Overseas Program (\*)**

e.g. XJTLU Visiting Programme

**2. Departure Quarter (\*)**

Winter

**3. Departure Date (\*)**

mm/dd/yyyy e.g.03/01/2021 ( Instruction Start Date )

**4. Return Date (\*)**

mm/dd/yyyy e.g.06/11/2021 ( Instruction End Date )

**5. Waiver Begin (\*)**

mm/dd/yyyy e.g.03/01/2021 ( Instruction Start Date )

**6. Waiver End (\*)**

mm/dd/yyyy e.g.06/11/2021 ( Instruction End Date )

**7. Program Advisor Name (\*)**

Taylor Ahana-Jamile

**8. Program Advisor Email (\*)**

studyabroad@uw.edu

Insurance Waiver: Insurance Information:

**Instructions:**

To waive the UW requirement to purchase travel insurance, your current insurance must provide equivalent benefits to those provided by our vendor. In this section, you will enter information about your current insurance and indicate the key benefits that your insurance provider(s) must provide.

**(\*) Required****1. Primary Insurance Provider (\*)**

SIP (Only for Chinese Nationals)

**2. Primary Insurance Policy Number (\*)**

National ID (身份证号)

**3. Primary Insurance Name of Policy Holder (\*)**

Your Legal Name

**4. Primary Insurance Type (\*)**

Check all that apply.

Medical  
Evacuation  
Accidental Death & Dismemberment**5. Secondary Insurance Provider**

Not required.

Please provide any information you have about your foreign university's health insurance coverage (you might not get this coverage until instruction begins, and that is ok)

**6. Secondary Insurance Policy Number**

Not required.

If you don't know, just enter "TBD" (to be determined), that is ok ; If you do have it later please email it to [studyabroad@uw.edu](mailto:studyabroad@uw.edu)**7. Secondary Insurance Name of Policy Holder**

Not required.

Your Legal Name

**8. Secondary Insurance Type**

Select all that apply. Not required.

**Accidental Death & Dismemberment**

Evacuation

Medical

**9. Insurance Policy Upload (\*)**

Upload a copy of your insurance policy by clicking on the yellow folder icon below and selecting *Choose File*. Once you have selected the file, scroll down to access the *Submit* button.

Upload a file

University Insurance policy; if available, upload the insurance policy

Drop file here

**10. Insurance Card Upload (\*)**

Upload a copy of your insurance card by clicking on the yellow folder icon below and selecting *Choose File*. Once you have selected the file, scroll down to access the *Submit* button.

Upload a file

Upload Chinese National ID Photocopy ( Front and Back )

Drop file here

**11. Period of Coverage Maximum Benefit (\*)**

Does your insurance policy provide at least **\$500,000** coverage?

If the local university provides this information, please fill accordingly; if not, say "No" **12. Maximum Benefit per Injury or Sickness (\*)**

Does your insurance policy provide at least **\$500,000** coverage?

If the local university provides this information, please fill accordingly; if not, say "No" **13. Accidental Death and Dismemberment (\*)**

Does your insurance policy provide at least **\$10,000** coverage?

If the local university provides this information, please fill accordingly; if not, say "No" 

#### 14. Medical Evacuation Coverage Maximum Lifetime Benefit (\*)

Does your insurance policy provide at least **\$250,000** coverage?

If the local university provides this information, please fill accordingly; if not, say "No" 

#### 15. Bedside Visit (\*)

Does your insurance policy provide at least **\$20,000** coverage?

If the local university provides this information, please fill accordingly; if not, say "No" 

#### 16. Repatriation of Remains (\*)

Does your insurance policy provide at least **\$100,000** coverage?

If the local university provides this information, please fill accordingly; if not, say "No" 

#### 17. Natural Disaster and Civil Unrest Evacuation (\*)

Does your insurance policy provide at least **\$100,000** coverage?

If the local university provides this information, please fill accordingly; if not, say "No" 

### Insurance Waiver: Consent and Certification

I acknowledge that by signing and submitting this insurance waiver, I am requesting to waive the UW Overseas Travel Insurance Plan and certify that:

1. I understand that I am required to have valid international health and emergency assistance insurance while I am engaged in a University of Washington educational activity abroad and I agree to do so for the entire duration of my UW enrollment abroad;
2. I am currently enrolled in a health and emergency assistance insurance plan for me (and, if applicable, my accompanying spouse and dependents) that will remain in effect for the duration of my program, internship or other educational activity abroad and I have attached a copy of my insurance card and the summary of benefits for my insurance policy;
3. I will be solely responsible for all medical and emergency assistance expenses incurred by me and/or my accompanying spouse and/or dependents, if any. I understand that UW will not be responsible for any medical or emergency assistance expenses that we incur during my enrollment at UW or while abroad.
4. If I misrepresent my medical and emergency assistance coverage for waiver purposes and the UW subsequently must incur such expenses to save me or my family from grave and imminent harm, then I agree to repay the UW in full for those expenses;
5. I will send written notification to the UW Global Emergency manager (travelemergency@uw.edu) if my insurance and/or my family's insurance coverage changes or if it ends during the requested waiver

dates I indicated above;

- 6. I will promptly pay expenses incurred by spouse, dependents, or me through our health care provider(s) who are not covered by my/our policy and/or are part of the deductible amount;
- 7. I understand that I may elect to enroll in the UW Overseas Travel Insurance Plan at any time before my departure; and
- 8. If I want to continue my waiver beyond the requested waiver dates indicated in this application, I must submit a new health insurance waiver request form by the required deadline.

I further understand that the waiver approval or denial decisions are made at the UW s sole discretion, and that waivers granted for one or more quarters do not guarantee waivers for any future quarters.

I certify that all information contained in this form is true and correct, and I understand that a failure to provide true and correct information may result in action taken against me, including, but not limited to, the cancellation of my participation in any and all UW educational programs.

**If you are under the age of 18, you must print and co-sign the above document with your parent or guardian and send it to:**

Global Travel Security Manager  
22 Gerberding Hall  
travelemergency@uw.edu

Applicant Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**If you are 18 or older, you may sign electronically below.**

**I Agree**

**I understand that by clicking on this agreement, I am signing a legal document. I acknowledge that I am 18 years or older, I am the person whose name is listed below, and I logged on to this website on the date listed below.**

**Applicant Name:**

**Date:**

\* Required

Submit

