

**INTO Suffolk Health Insurance Waiver Form 2023-2024**

**INTO Suffolk Health Insurance Policy:** All international students are required to be insured with an ACA compliant, filed, and approved policy in the U.S. ***All international students in the United States will be automatically enrolled in the Suffolk Student Health Insurance Plan (SSHIP) and do not need to take any action.*** Please note, health insurance plans marketed solely to international students are often not filed and approved in the U.S., have limited benefits, provider networks and/or coverage periods that do not comply with the Suffolk insurance requirements. GBG Insurance, HDL Global Specialty, ISO, PGH (United), PSI, Student Medcover, and Tata AIG are examples of companies that ***do not*** meet the waiver requirements.

You must submit the waiver form a minimum of four weeks before arrival. Filling out and submitting this form does not mean your request to waive has been approved. You will be contacted within 5 business days with more information about your waiver request. Complete this form and email to [into@suffolk.edu](mailto:into@suffolk.edu) for processing.

**First/Given Name:** \_\_\_\_\_

**Last/Family Name:** \_\_\_\_\_

**Application ID Number (if known):** \_\_\_\_\_

Waiver Exemption	Documentation to Provide
Sponsoring institutions have a signed agreement with Suffolk that complies with the University's health insurance waiver requirements.	<ul style="list-style-type: none"> <li>• Document showing full coverage details of policy for the duration of the INTO SSHIP; document must be in English</li> <li>• Copy of insurance card, front and back</li> </ul>
Student has an ACA compliant health insurance plan that is filed and approved in the U.S.	<ul style="list-style-type: none"> <li>• Document showing full coverage details of policy for the duration of the INTO SSHIP; document must be in English</li> <li>• Copy of insurance card, front and back</li> </ul>

**Reason for waiving insurance:**

I am a sponsored student.

I have an ACA compliant health insurance plan that is filed and approved in the U.S.

**By signing this document, I understand the following:**

- All supporting documents for this form are accurate and authentic.
- I am required to follow the policies and guidelines detailed in the Suffolk Student Handbook.
- This form will be automatically denied without a signature.
- This form will be automatically denied if you do not provide all the required documentation when submitting the form (i.e. copy of insurance, card, policy document, etc.)

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**\*Parent/Guardian's**

\_\_\_\_\_  
**Signature Printed Name**

\_\_\_\_\_  
**Date**

*\*A parent/guardian's signature is only required if the student is under the age of 18 at the program start date.*