



Health Insurance Waiver Form

All Tusculum University International Students are required to have health insurance. In order to remain enrolled in classes, please complete this form and submit with one of the following methods:

- Email to the office of Admission at admission@tusculum.edu
- Submit during the check-in or move-in process.

The waiver must be submitted prior to the first day of class.

Personal Information

TU Student ID Number: _____

Last Name: _____ First Name: _____

Address: _____ Phone Number: _____

_____ Email Address: _____

Insurance Provider

Insurance Company: _____

Policy or Group #: _____

Terms of Coverage: (Select all that apply)

_____ Fall _____ Spring _____ Summer

Year of Coverage: 20____

Proof of Insurance

_____ (initial) I am covered under a family or individual health insurance plan and I have attached proof of Insurance to this document. My current insurance plan has a policy maximum of at least \$50,000, provides coverage in the U.S. and is effective for the duration of my enrollment. My plan also provides coverage for the following services:

- Doctors, specialists, hospitals and other health care providers.
- Inpatient and outpatient hospitalizations.
- Inpatient and outpatient counseling and mental health services.
- Lab work, diagnostic x-rays, physical therapy and chiropractic care.
- Emergency room treatment and ambulance services.
- Prescription drugs.
- Pre-existing conditions.
- Unlimited benefits for medical evacuation and repatriation of remains.

This waiver request is incomplete until TU receives proof of insurance card (front and back of ID card, in English). Please ensure that your insurance meets the requirements listed above.

By signing below, I understand and acknowledge that my insurance is appropriate to meet Tusculum University's minimum requirements and Tusculum University assumes no responsibility or liability, in whole or in part.

Student Signature: _____

Date: _____