Health Insurance Waiver Request Form

All UC Berkeley Extension international students are required to have medical insurance. The UC Berkeley Extension Health Insurance plan is usually automatically included in your tuition fees unless you are requesting a waiver; in order to apply for and qualify for a waiver:

1. Complete this form
2. Submit this form AND proof of your alternate insurance plan to extension-intl@berkeley.edu.

Deadline to submit: Three weeks prior to the start of your program. No waivers will be accepted after this.

Student Information

Family Name: ________________________________
First Name: ________________________________
Student ID Number: __________________________
Email Address: ______________________________

In order to consider your waiver request, your alternate insurance plan must meet ALL of the requirements AND cover the full duration of your studies. Your waiver request is incomplete until we receive proof of insurance. Please ensure your insurance meets the requirements on page 2.

Please Read Before Signing.

I hereby certify that I have full health insurance coverage that meets the waiver requirements of UC Berkeley Extension (page 2). I am requesting to be waived from the group health insurance offered by the University of California Berkeley Extension. I accept full responsibility for all my medical expenses during the period of my enrollment at the University of California Berkeley Extension. I will also submit a health insurance waiver for each semester as long as I am a registered student at UC Berkeley Extension.

_____________________________________________  _______________________
Your Signature                                      Date
Health Insurance Waiver Request Requirements

All UC Berkeley Extension international students are required to have medical insurance.

Health Insurance Waiver Requirements
To be waived from the school health insurance, you must be enrolled in a plan that meets **ALL** of the following requirements:

☐ I am enrolled in a medical health insurance plan through a recognized company that is owned, headquartered and operated in the United States. (*Foreign insurance plan with U.S. affiliates/representatives, travel insurance plans, and reimbursement program of any kind do not qualify.*)

**OR**

☐ My private insurance plan provides:

☐ Policy written in English with benefits expressed in US dollars

☐ A minimum of $500,000 in benefits

☐ 100% coverage of hospitalization and emergency fees

☐ 100% coverage of professional fees

☐ At least 15 days of inpatient mental health services

☐ Coverage for pre-existing conditions

☐ Coverage for infectious diseases and pandemics

☐ Payment of at least $50,000 for medical evacuation

☐ Payment of at least $25,000 for repatriation of remains

☐ A network provider facility within 10 miles of the UCB campus

☐ An annual deductible of no more than $500

If your health insurance plan has checked **ALL** boxes on this list, you are eligible to be waived from the school health insurance plan. Submit this form AND proof of your alternate insurance plan to Heike Helmer heikehelmer@berkeley.edu.

If you have any questions about waiving the health insurance, please International Student Services (ISS).