

University of Medicine and Health Sciences requires that all students, including those in the clinical semesters/rotations, have health insurance coverage while enrolled at the University. **This includes Clinical students on approved leaves of absence, vacation, temporary withdrawals, and while preparing for, and taking, the USMLE Step 1 Exam.** For those students in St. Kitts, enrollment in a medical evacuation plan is mandatory. If applicable, enrollment in this plan(s) is automatic at the time of registration and the cost will be automatically charged to your account at the start of each term. However, Students already covered by adequate health insurance can opt to waive the health insurance requirement provided they submit an approved insurance waiver. Enrollment in a medical evacuation plan is mandatory while in St. Kitts regardless of health insurance coverage and cannot be waived.

Information on the policies, procedures, and coverage limits of this health insurance coverage is available by visiting <https://members.omhc.com/interhannover/> or upon request. Further information regarding claims and specific coverage can be obtained by contacting **Global Excel Management (HDI Global Specialty/ InterHannover) at 1-833-386-9240.** **Please contact the insurance company directly to discuss any specific questions or concerns regarding coverage of this policy.**

In order to waive the required health insurance coverage, **students must submit a completed waiver form (found below) and provide proof of coverage (copy of insurance card or letter from insurance carrier verifying active coverage) under an alternate plan.** It is required that alternative health insurance plans provide coverage and benefits comparable to the University sponsored plan. Insurance plans that restrict enrollment based on national origin such as those sold only to international students will not be accepted for waiver. Please note that you are expected to check with your insurance company to verify that your plan meets these requirements prior to waiving the University sponsored insurance.

The deadline to submit the health insurance waiver is **14 days from the start of the current insurance term or as designated by the University.** **Please note this date may differ from your semester start date.** This form must be sent to the Bursar's office (Bursar@umhs-sk.net) prior to the waiver deadline. Please be advised that waivers submitted to the Bursar's office after the waiver deadline will not become effective until the next insurance enrollment term. **Incomplete or late waivers will not be processed and you will be responsible for charges for that period.**

There are 3 insurance terms per year: Jan 1<sup>st</sup> - Dec 31<sup>st</sup>, May 1<sup>st</sup> - Apr 30<sup>th</sup> and Sept 1 - Dec 31<sup>st</sup>.

All waivers and waiver cancellations must be submitted on a timely basis at the start of the effective billing period or the insurance charges/waiver cancellations will remain in effect for that period. A waiver, once submitted, will remain in effect until the student officially cancels it. Students that have filed waivers with the University do not need to submit a new waiver every term unless there is a change.

**Insurance Waiver Request:** (Please detach and send completed waiver form and proof form to: [Bursar@umhs-sk.net](mailto:Bursar@umhs-sk.net).)

**\*\*If you waived insurance for the previous term, it is not necessary to resubmit a waiver unless your plan information has changed\*\***

**University Of Medicine and Health Sciences**  
Health Insurance Waiver

Student's Full Name and ID#: \_\_\_\_\_

**CERTIFICATION OF WAIVER\*:** I would like to waive the university sponsored health insurance coverage. I fully understand that I am legally responsible for any medical expenses incurred during my enrollment at the University and that the University will not be responsible for any medical expense. **I certify that my plan is currently active and I agree to maintain my health insurance coverage throughout my enrollment at UMHS unless I opt to enroll in the UMHS sponsored plan. I will notify the University immediately of any changes including cancellation to my health insurance plan.** The information I have presented here is true.

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Please be sure to include proof of insurance (copy of the insurance card or letter from the insurance carrier verifying active coverage.