

PLEASE FOLLOW THESE INSTRUCTIONS TO AVOID DELAYS IN PROCESSING YOUR REQUEST.

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 - a. Mac users: the Preview app does not always save the text. Please use one of the above.
3. Save the PDF. Add your first and last name to the file name.
4. Email the PDF and any required documentation to studentinsurance@columbia.edu.

Thank you for your cooperation,
Columbia Student Health Insurance Team

2020-2021 COLUMBIA UNIVERSITY INTERNATIONAL STUDENT INSURANCE EXCEPTION REQUEST

SECTION A:

STUDENT'S NAME: _____ UNI: _____

CU EMAIL ADDRESS: _____ SCHOOL: _____

FULL ADDRESS (Where you will reside for the Fall term, be sure to include city, state/territory, country, and postal code)

VISA Stats: F1/J1 VISA All other VISAs

SELECT YOUR FALL 2020 TERM STUDENT STATUS:

- Residing in the United States or with I-20 permitting entry to the US during the Fall term 2020.
 Online Only - Not residing in the United States and no I-20 permitting entry to the US during the Fall term 2020.

SECTION B:

Ins Company Name: _____ Sponsoring Employer: _____

Policyholder: _____ Policy Original Effective Date: _____

Policy Number: _____ Ins Company Phone: _____

SECTION C: WAIVER CRITERIA (please check the box below that correspond with your student status)

Residing in the United States or with I-20 permitting entry to the US during the Fall term 2020.	Online Only - Not residing in the United States and no I-20 permitting entry to the US during the fall term 2020.
<input type="checkbox"/> Covered by a US-based group health insurance plan (e.g. a US-based, employer-sponsored, ACA-Compliant group plan) that meets the University requirements.	<input type="checkbox"/> Students who will remain in their home country and not be in the United States during the full duration of the fall 2020 term (through 12/31/2020). Note: Students residing in a third country (not home country and not the United States) are required to enroll in the Columbia University Student Health Insurance Plan).

SECTION D:

Required Documentation – All documentation must be provided to allow us to review your exception request	
Residing on-campus: <input type="checkbox"/> Copy of the front and back of Insurance Card <input type="checkbox"/> Summary of insurance plan Benefits and Coverage (SBC)	Online only: <input type="checkbox"/> Confirmation from Columbia University ISSO that you will not be in the United States during the Fall 2020 term (I-20 entry date of 1/1/2021 or later). <input type="checkbox"/> Proof of address where you reside. Residency confirmation can be accomplished through one of the following options: <ul style="list-style-type: none"> • Copy of one of the following showing your name and address <ul style="list-style-type: none"> • Lease • Utility/Credit Card Statement • Bank Statement • Other comparable document showing name and address <input type="checkbox"/> Proof of health care insurance or comparable in your residency location

SECTION E:

I understand that I am requesting an exception to mandatory enrollment in the Columbia University Student Health Insurance Plan. I further understand that if my exception request is approved I will be responsible for ALL my medical expenses and will not be allowed to enroll in this plan again until the next policy year or I meet the criteria to enroll with a qualifying life event. In addition I understand that the Columbia Health & Related Service Fee is non-refundable. I understand this request is subject to Columbia University's approval and the decision is FINAL.

Date _____ Student Signature _____

By checking this box and typing my name above, I am electronically signing my application.

Forms and all supporting documentation must be submitted via email (studentinsurance@columbia.edu) no later than September 30, 2020 to be considered for the 2020-2021 academic year consideration.