

Northwestern University Visiting Scholar Plan

Waiver Request Form

To waive enrollment in the Visiting Scholar Plan, equivalent coverage must be supplied.

Revised 8/15

This form is to determine if health insurance coverage meets Northwestern University standards.

Visitor Information <i>All fields are required</i>	Last Name		First Name		
	Date of Birth (mm/dd/yyyy)		Gender	Male Female	
	Citizenship		Visa Type		
	Permanent Address				
	Email Address				
Dependent Information	Will scholar be bringing dependents?		Yes	No	
	If scholar will bring dependents, please complete a Dependent Form and attach insurance information for review. Please note that J-2 dependents are required to have adequate health insurance while in the US.				
Appointment Information	Title		Department		
	Appointment Start Date (mm/dd/yyyy)		Appointment End Date (mm/dd/yyyy)		
	New appointment		Reappointment/Extension		Other _____
Waiver Options	A) Scholar will start on the 1 st of the month and enroll in an employee health plan without a delay in coverage.				
	B) This is an extension. Scholar has insurance through an employee health plan and will maintain this coverage.				
	C) Scholar will provide outside or non-University insurance coverage until employee benefits take effect.				
	D) Insurance will be provided by the scholar for the entire length of stay.				
Health Insurance Coverage Verification <i>Insurance coverage must meet the <u>all</u> of the stated requirements to waive enrollment in the VSP</i>	Complete this section if the scholar will have insurance coverage from an outside source.				
	Northwestern University Insurance Requirements			Visitor's Coverage	
	Medical benefits of at least \$100,000 per accident or illness			Yes	No
	Deductible no greater than \$250 per accident or illness			Yes	No
	\$25,000 for repatriation of remains to home country			Yes	No
	\$50,000 for medical evacuation expenses			Yes	No
	Co-insurance provision does not exceed 25%			Yes	No
	Coverage for pre-existing conditions (no exclusions, no waiting period)			Yes	No
Effective Dates	Policy Start Date (mm/dd/yyyy)		Policy End Date* (mm/dd/yyyy)		
	*Insurance coverage must be in place for the entire length of stay or until employee benefits take effect.				
Department Contact	Name		Phone		
	Email				
<p>Instructions Fill in the above information and attach the following documents: For Waiver Option B: Copy of the scholar's NU insurance card for verification of enrollment in employee benefits. For Waiver Options C and D: a) Copy of the insurance policy or a detailed summary of benefits in English. b) Proof of enrollment, such as a certificate of coverage or letter from the insurance company. Must include dates of coverage. Submit the completed application to Pam Tackett at the Office of Risk Management at pamela.tackett@northwestern.edu for review. Once the form has been approved, a signed copy will be returned to the department contact listed above.</p>					
RM Use Only				Date	