

## Request for Exemption from the Marquette International Accident and Sickness Insurance Program

Name: \_\_\_\_\_ MUID: \_\_\_\_\_  
*Print Name*

***I hereby request a waiver from the Marquette University International Accident and Sickness Insurance Program. I will instead be covered by the following health and medical insurance plan:***

Group name or Primary Insured Name on Policy: \_\_\_\_\_

Relationship to Student: (for example, spouse, parent, government sponsor) \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Beginning Date of Coverage: \_\_\_\_\_ Ending Date of Coverage: \_\_\_\_\_

***I HAVE ATTACHED A COPY OF PROOF OF THIS INSURANCE TO THIS FORM.***

**I certify by my signature below that I have read, understand and acknowledge the following (as you read each statement, please write a "T" for true in the space next to each statement):**

1. I understand that neither Marquette University nor its Office of International Education (OIE) has a relationship with the insurance company named above and will not be able to advise or assist me or my care providers regarding the above insurance. \_\_\_\_\_
2. I understand that Marquette is not responsible for my health care or related expenses. \_\_\_\_\_
3. I understand that If I seek medical care at the MU Medical Clinic, I will be responsible for fees. \_\_\_\_\_
4. I know I will not be eligible to rejoin the Marquette Group plan unless my insurance in place of that plan has been continuous  
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