



## International Insurance Waiver Appeal Guidelines

Houston Community College requires all students holding an F-1 visa to maintain health insurance coverage. Students who submitted a waiver of the international health insurance and were denied based on the defined criteria may appeal the denial by submitting this form along with an attached description of their current health insurance plan and benefits to the International Insurance Waiver Committee for further review and consideration.

**Deadlines:** all documents must be submitted in person or postmarked by the following dates

Fall semester – October 1, 2017

Spring semester – February 23, 2018

Summer semester – June 15, 2018 (*only students whose initial semester of attendance is the summer semester*)

**\*Late submissions will NOT be accepted.**

Complete the appeal process by submitting all of the following documents to the HCC Risk Management Office on or before the required deadline:

1. International Insurance Waiver Appeal Form
2. Formal request for appeal in the form of a written/typed letter signed by the student stating the nature of the request for appeal and the circumstances of the case.
3. A summary of benefits of the student's current insurance plan from the insurance company.
4. A copy of the notification email of the **denial** of the insurance waiver from AIG.

Submit all the documents to the HCC Risk Management Office:

**In person:**

**Monday-Thursday: 9:00AM - 4:00PM**

**Friday: 9:00AM - 1:00PM**

3100 Main St. (11th floor)

Houston, TX 77002

**By Mail:**

Houston Community College Risk

Management Office: MC-1119

P.O. Box 667517

Houston, TX 77266

All requests will be audited. All decisions made by the International Insurance Waiver Committee are final. Those failing audit will be enrolled in the HCC sponsored international insurance plan.

**Appeals will not be accepted if:**

1. The waiver was denied because you missed the waiver submission deadline.
2. The waiver was denied **because you have a private/individual insurance plan.**
3. The appeal applies to a waiver submitted for a previous school term.  
(*appeals will be considered for the current term only*)

The International Insurance Waiver Committee will email the student with the final decision of the appeal to the email address on the International Insurance Waiver Appeal Form on or before the following dates:

Fall semester – October 13, 2017

Spring semester – February 23, 2018

Summer semester – June 16, 2017



HCC ID #: \_\_\_\_\_

Waiver Confirmation #: \_\_\_\_\_

(found on the notification email from AIG)

## International Insurance Waiver Appeal Form

### 1. Term

\_\_\_ Fall year \_\_\_\_\_ \_\_\_ Spring year \_\_\_\_\_ \_\_\_ Summer year \_\_\_\_\_

### 2. Student Information

\_\_\_\_\_  
Family (Last) Name                      First Name                      Middle Name

\_\_\_\_\_  
Date of Birth (MM/DD/YY)              US Phone Number              Email Address

### 3. Current Insurance Information

\_\_\_\_\_  
Name of Insurance Company              US Phone Number              Email Address

\_\_\_\_\_  
Address of Insurance Company

\_\_\_\_\_  
Insured's Name                      Date of Birth (MM/DD/YY)              Insured's ID Number

\_\_\_\_\_  
Group Number      Policy Number              Effective Date (MM/DD/YY)      Expiration Date (MM/DD/YY)

### 4. Reason for denial (found on notification email from AIG)

- \_\_\_ Coverage dates do not include the entire coverage period you are waiving.
- \_\_\_ Medical benefits are not at least \$50,000 USD for each accident or sickness.
- \_\_\_ Policy has an annual deductible of more than \$500.00 USD;  
(a Health Care spending account is not acceptable as an alternative)
- \_\_\_ The minimum paid for covered benefits is greater than 75%.
- \_\_\_ Repatriation of Mortal Remains is less than \$7,500.00 USD.
- \_\_\_ Medical Evacuation is less than \$10,000 USD.
- \_\_\_ Policy excludes or unreasonably limits coverage for activities essential for students;  
(such as a \$10,000 limit on motor vehicle accidents, a 13 week benefit period)
- \_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (MM/DD/YY)

### **Committee Authorization: For International Insurance Waiver Committee Office Use Only:**

Waiver Appeal:    \_\_\_ Approved    \_\_\_ Not Approved

Reason \_\_\_\_\_

\_\_\_\_\_  
Print Name                      Print Title                      Signature                      Date