



**The University of Michigan-Dearborn
Office of International Affairs**

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Dearborn, MI 48126

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**International Health Insurance
J-1 Scholar Waiver Form**

For J-1 Scholars who will have health insurance benefits administered by the UM Benefits Office.

The purpose of this form is to request cancellation of your International Student/Scholar Health Insurance Plan (Aetna) because you are covered by insurance provided by your employer, The University of Michigan-Dearborn.

Policy: Individuals with a DS-2019 issued by UM-D whom will be employed by any UM department and be eligible for UM benefits must submit this J1 Health Insurance Waiver Request Form within 15 days of his/her start date. If UM insurance benefits becomes effective after the start date of the International Student/Scholar Health Insurance BCN plan, you will be responsible to pay the whole month's charge for BCN, and will be automatically removed from BCN starting the next month.

Automatic Re-enrollment in the IHI Plan

If your UM paid insurance coverage ends before the end of your stay as a J1 scholar, you will be reenrolled in and billed for the International Student/Scholar BCN plan. If you leave the University permanently before the end date of your DS-2019, you must notify the Office of International Affairs (OIA) via email of your planned Departure.

If you do not do submit notification to OIA, the OIA will not know that you have ended your J1 stay. You will be automatically re-enrolled in the International Student/Scholar BCN Plan (and billed for the plan) if your UM paid benefits coverage ends before your DS-2019.

Instructions:

- 1) Attach proof of your enrollment into the UM insurance. This must include the date your UM health insurance benefits began.

If you have F-2 dependents you must demonstrate that you have signed your entire family up for coverage.

- 2) Return this form and all supporting documentation to the Office of International Affairs (OIA) in person or via email at umdoia-international@umich.edu within 30 days of your arrival.

Once completed and insurance coverage is confirmed, OIA will approve your waiver form and cancel your enrollment in the International Student/Scholar Health Insurance Plan (BCN).

Cancellation Request:

Name: _____
Last First

UMID: _____ Date of Birth: _____

UM-D email address: _____

Names and Dates of Birth of Insured Dependents:

Please cancel all UM International Student/Scholar Health Insurance Plan (BCN) coverage for me (and any dependents if applicable) effective _____ because I am covered by insurance provided by my employer as described by the attached documentation.

Your Signature: _____ Date: _____