

Instructions
State University of New York Waiver of Insurance
/Overseas Academic Programs

1. Complete the top of the form as indicated.

2. Select an insurance option.

A) If you plan on using your own insurance coverage from family/employer, which includes evacuation/repatriation coverage. (It is unusual to have insurance coverage that also includes evacuation/repatriation - **most study abroad students who plan on using their own insurance select option B below**). Upon receipt of this form, Student Accounts will remove the entire insurance fee from your semester bill. **Remember to include:**

1. your insurance policy number, company name and company telephone number
2. letter from your insurance company verifying overseas coverage.
3. copy of the front and back of your insurance card
4. proof of medical evacuation and repatriation coverage

B) If you plan on using your own insurance coverage from family/employer but need to purchase the mandatory SUNY evacuation/repatriation coverage. Upon receipt of this form, Student Accounts will adjust the insurance fee on your semester bill for the mandatory evacuation/repatriation coverage only. **Remember to include:**

1. your insurance policy number, company name and company telephone number
2. letter from your insurance company verifying overseas coverage
3. copy of the front and back of your insurance card

C) If you have no other insurance coverage and need to purchase the comprehensive SUNY Medical Insurance/Evacuation & Repatriation policy. You must pay the full insurance fee indicated on your semester bill.

3. Sign and date the form. You must also include a parent/guardian signature if you are under 18 years of age.

Submit form to:

Student Accounts
1 Hawk Drive
State University of New York
New Paltz NY 12561-2443

TEL: (845) 257-3150
FAX: (845) 257-3495
EMAIL: stuacct@newpaltz.edu

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