University at Buffalo
Student Life

INTERNATIONAL ON-LINE STUDENT HEALTH INSURANCE WAIVER 2023-2024

The University at Buffalo is committed to ensuring equal access to information. As part of this commitment, university content must be accessible to everyone, including individuals with physical, sensory, or cognitive impairments, with or without the use of assistive technology. If you encounter an accessibility issue when completing this form, please contact the Student Health Insurance office.

ALL INTERNATIONAL STUDENTS ARE BILLED FOR THE SUNY HEALTH INSURANCE WHEN REGISTERED FOR 1 CREDIT HOUR. IF A STUDENT WILL REMAIN IN THEIR HOME COUNTRY AND STUDY VIRTUALLY THROUGH THE UNIVERSITY AT BUFFALO, THEY WOULD BE ELIGIBLE TO WAIVE THE SUNY HEALTH INSURANCE. THE STUDENT MUST REMAIN IN THEIR HOME COUNTRY FOR THE DURATION OF THEIR WAIVER. AT ANY TIME THE STUDENT DECIDES TO COME TO THE UNITED STATES, THEY MUST CONTACT THE STUDENT HEALTH INSURANCE OFFICE TO ENROLL INTO THE SUNY HEALTH INSURANCE. A SIGNATURE FROM THE STUDENT'S DEPARTMENT OR ACADEMIC ADVISOR IS REQUIRED TO CERTIFY THE STUDENT IS STUDYING REMOTELY IN THEIR HOME COUNTRY.

PLEASE SUBMIT TO: ASKSHI@BUFFALO.EDU

STUDENT INFORMATION

NAME: _____ UB PERSON NUMBER: _____

EMAIL ADDRESS: _____ CITIZENSHIP: _____

REQUESTED WAIVER PERIOD: SEMESTER (_____) **OR** ACADEMIC YEAR _____

I CERTIFY AND VERITY THAT ALL THE ABOVE INFORMATION IS ACCURATE AND TRUTHFUL. I UNDERSTAND THIS WAIVER IS ONLY EFFECTIVE FOR THE CURRENT 2023-2024 ACADEMIC YEAR UNTIL 8/14/2024.

_____ DATE ____/____/____
STUDENT SIGNATURE MONTH DAY YEAR

DEPARTMENTAL ENDORSEMENT

ACADEMIC DEPARTMENT: _____ PHONE: (_____) _____

ENDORSER NAME: _____ TITLE/POSITION: _____

_____ DATE ____/____/____
DEPARTMENT ENDORSER SIGNATURE MONTH DAY YEAR

Student Health Insurance
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716.645.3044
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buffalo.edu