

WAIVER OF MEDICAL EVACUATION AND REPATRIATION INSURANCE

Student's Name:	
TUID:	Date of Birth:
Local Address:	
Local Phone Number:	Local Alt. Phone Number:
Home Address:	
Home Phone Number:	

Please provide the following information on who should be contacted in the event of an emergency.

EMERGENCY CONTACT - UNITED STATES

Name:	
Relationship to you:	
Address:	
Phone Number:	Alt. Phone Number:

EMERGENCY CONTACT-HOME COUNTRY

Name:	
Relationship to you:	
Address:	
Does this person speak English? (circle one) YES NO	If no, what language does he/she speak?
Phone Number (including country code):	

Temple University requires all international students to have adequate medical evacuation and repatriation insurance.

I hereby waive my opportunity to participate in the Temple MEDEX plan and I certify that I am covered by adequate outside medical evacuation and repatriation insurance under the following policy:

Policy Name:

I understand that if I lose my outside medical evacuation and repatriation insurance for any reason, I must contact Temple University's Benefits office immediately.

Signature:

Date:

Please return this form via fax to 215-204-9336 or by mail to:

Temple University Benefits Department
1601 North Broad Street, USB
Room 608
Philadelphia, PA 19122-9988

You may contact the Benefits office at 215-204-1321 with questions regarding MEDEX.