



International Student Program

F-1 Student Alternative Medical Insurance

WAIVER FORM

It is a requirement of this college that F-1 Students be insured under the International Student Medical Insurance Plan.

International students who present evidence of personal medical insurance which is comparable to the insurance plan offered through the college may be eligible for a waiver of the mandatory plan. If you wish to request a waiver, please complete this form.

FAMILY LAST NAME	FIRST	SEMESTER	Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> 20_____
CURRENT ADDRESS		SOCIAL SECURITY NO. / STUDENT ID NO.	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

ALTERNATE MEDICAL INSURANCE PLAN

INSURANCE COMPANY	
POLICY NO.	INSURANCE ID. NO.
SPONSOR	TELEPHONE NO.
EFFECTIVE DATE	EXPIRATION DATE

I certify that the above information is correct, and I authorize the college to contact my insurance company in order to verify coverage.

SIGNATURE OF STUDENT ► _____

DATE _____

OFFICE USE ONLY

TITLE OF PERSON VERIFYING INSURANCE INFORMATION: _____

SIGNATURE _____ DATE _____

TITLE OF PERSON VERIFYING INSURANCE INFORMATION: _____

SIGNATURE _____ DATE _____

COMMENTS: