

INTERNATIONAL STUDENT HEALTH INSURANCE WAIVER FORM

Last Name _____ First Name _____

SCC I.D. # _____ Country of Citizenship _____

Name of Insurance Company _____

Insurance Company Address _____

Insurance Company Telephone # _____

Full Name(s) of Dependents Covered _____

Policy/Group # _____

Policy Effective Dates From _____ To _____

In signing this form, I understand, agree to, and verify the following:

In order to maintain eligibility to enroll for classes and to maintain my student status at Shoreline Community College, I must obtain and maintain accidental injury and illness insurance coverage that meets or exceeds the minimum benefit levels required by the College (described on the other side of this Insurance Waiver Form).

Because I have obtained that coverage, I hereby apply for a waiver of the purchase of Shoreline Community College designated insurance plan. I agree that my coverage will remain in effect throughout the time period specified above.

I understand that this waiver form must be completed and submitted at the time I register for classes. I am aware that if I do not have the required proof of alternate insurance coverage by that time, I will be required to purchase the College's designated policy.

Applicant's signature _____ date _____

Verified by _____ date _____
(International Programs Staff only)

Please return this form to:
International Programs
Shoreline Community College
FOSS Building, Room 5226

**Shoreline Community College
International Programs
Health Insurance Waiver**

SUBMISSION OF THIS WAIVER FORM BY AN INTERNATIONAL STUDENT RELEASES THAT STUDENT FROM THE REQUIRED PURCHASE OF SHORELINE COMMUNITY COLLEGE'S DESIGNATED ACCIDENT AND SICKNESS INSURANCE PLAN** AND VERIFIES COVERAGE BY AN ALTERNATE ACCEPTABLE INSURANCE POLICY.

This waiver application must be accompanied by a readable copy of your insurance ID card or another document that shows:

1. beginning and ending dates of coverage
2. insurance company's name, address, and telephone number
3. policy number;
4. names of all individuals covered by the policy.

The waiver must be submitted for each quarter of enrollment in classes at Shoreline Community College at the time of class registration, unless you intend to purchase the College's designated accident and sickness insurance plan.

IT IS STRONGLY SUGGESTED THAT STUDENTS REQUESTING THIS "WAIVER" HAVE AN ALTERNATE PLAN WHICH MEETS OR EXCEEDS THE COVERAGE OFFERED BY THE COLLEGE'S DESIGNATED PLAN, WHICH PROVIDES:

- maximum benefit of \$250,000
- repatriation of remains in the amount of \$10,000
- medical evacuation to your home country up to \$25,000
- coverage provided anywhere in the world except the home country

HOWEVER, TO QUALIFY FOR THIS WAIVER, ALL ALTERNATIVE POLICIES MUST MEET OR EXCEED THE FOLLOWING MINIMUM STANDARDS OF COVERAGE:

- maximum benefit of \$25,000 per accident or illness
- payment of "reasonable and customary" charges
- coverage provided anywhere in the United States

*** As of fall 1996, the College's designated plan is provided by the Lewer Agency, Inc., and has been designed specifically for international students.*

(Shoreline Community College assumes no responsibility for verifying the standards of coverage of individual policies, nor will the College be liable for any medical expenses incurred by students.)