



HEALTH INSURANCE WAIVER APPLICATION

NAME:	FALL____ SPRING____ SUMMER____
A#:	DATE OF BIRTH:
PH#:	EMAIL:

CAN I WAIVE OUT OF STUDENT HEALTH INSURANCE?

F-1 students whose I-20s have been issued by Mt. San Antonio College are required to have medical insurance coverage under the Mt. SAC Health Insurance Plan. To view the Student Insurance Plan visit www.studentinsuranceusa.com.

Waiver Applications will be considered or granted only to those individuals who are:

1. Concurrently Enrolled (If your I-20 has been issued by another college but are taking courses at Mt. SAC),
2. Foreign Government Sponsorship, or
3. Special Extenuating Circumstances determined on a case-by-case basis.

DOCUMENTS REQUIRED TO REVIEW WAIVER

1. **Complete** the Health Insurance Waiver Application
2. **Attach a copy of:**
 - (1) **REQUIRED:** Summary of Health Benefits from your health insurance provider
 - (2) **REQUIRED:** Insurance Card: including student name on policy and eligibility dates
 - (3) **REQUIRED:** 1-20
 - (4) **IF APPLICABLE:** Proof of Foreign Government Sponsorship
 - (5) **IF APPLICABLE:** Written Statement explaining your Special Extenuating Circumstances

WAIVER REVIEW PROCESS

1. **SUBMIT**
 - a. The Health Insurance Waiver Application
 - b. Supporting Documents
 - c. to the International Student Center located in Building 9F, or
Email to F1Visa@mtsac.edu, **Subject:** INSURANCE WAIVER APPLICATION.
2. **WAIVER SUBMISSION DATE** Health Insurance Waivers must be received by the International Student Program **no later than 7 business days** prior to the last day to drop courses.
3. **REVIEW:** Waiver Application will be reviewed seven to ten business days upon receipt. Result



SIGNATURE SECTION

If my waiver is approved: I release Mt. San Antonio College, its directors, officers, employees and agents from any and all liability, including any and all claims, demands, causes, of action (known or unknown), suits, or judgments of any and every kind that I may suffer as a result of my waiving the Mt. SAC sponsored plan described above.

I understand that a new waiver must be submitted at the beginning of each semester.
Mt. SAC reserves the right to verify the information you have provided throughout the waiver period.

Mt. SAC assumes no responsibility for any medical treatment, repatriation, or evacuation. The insured individual named above is legally responsible for their medical repatriation, and evacuation expenses

By signing below, I affirm that the person named above is covered by the health insurance policy described above and that the policy's benefits match or exceed all required criteria.

STUDENT SIGNATURE: _____

DATE: _____

ISC OFFICIAL USE ONLY

- Waiver Application is Accepted
- Waiver Application is Denied
- Waiver Application is Incomplete

EVALUATOR: _____

DATE: _____