

HEALTH INSURANCE WAIVER APPLICATION

Name:	Student ID #:
Telephone #:	Email:
Name of Alternate Insurance:	Primary Subscriber Name:
	Relation to Subscriber: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse

CAN I WAIVE OUT OF STUDENT HEALTH INSURANCE?

F-1 students whose I-20 has 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.

Waivers will be granted to:

- Individual's whose I-20 has been issued by another school and are planning to concurrently enroll at Mt. SAC.
- Special extenuating circumstances determined on a case-by-case basis.

HOW CAN I WAIVE OUT OF STUDENT HEALTH INSURANCE?

1. Complete the Health Insurance Waiver Application
2. Attach a copy of: **(1) I-20** **(2) Proof of Health Insurance**
3. Submit the Health Insurance Waiver Application and supporting documents to the International Student Center located in Building 9, or by email to F1Visa@mtsac.edu, Subject: INSURANCE.
4. Waiver Submission Date: Health Insurance Waivers must be received by the International Student Center **no later than 5 business days** prior to the last day to drop courses.

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 exceed all required criteria.

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 shall 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.

Student Signature: _____ Date: _____

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Waiver Application is Accepted ☐ Waiver Application is Denied ☐ Waiver Application is Incomplete ☐

Evaluator: _____ Date: _____