



International Student Center
1100 N. Grand Avenue, Walnut, CA 91789
Phone: 1(909)274-5032
Email: F1Visa@mtsac.edu

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 are required to have medical insurance coverage under the Mt. San Antonio College Student Health Insurance Plan. Waivers may be granted only to those individuals with proof of coverage from a United States based insurance company which meets minimum insurance criteria established by Mt. San Antonio College and United States federal government regulations. 1) Medical benefits of at least \$100,000 per accident or illness 2) Repatriation of remains in the amount of \$25,000 3) Medical Evacuation benefit in the amount of \$50,000 or more 4) Deductible must be \$500 or less for each accident or illness. To view the Student Insurance Plan visit www.studentinsuranceusa.com.

HOW CAN I WAIVE OUT OF STUDENT HEALTH INSURANCE?

1. Complete the Health Insurance Waiver Application
2. Attach a copy of: (1) Summary of Benefits (2) Proof of Insurance: including student name on policy and eligibility dates.
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 7 business days** prior to Student Insurance enrollment deadline.

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.

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.

Student Signature: _____ Date: _____

ISC OFFICIAL USE ONLY

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

Evaluator: _____ Date: _____