

# Health Insurance Waiver Application

Incoming exchange visitors and international students are encouraged to enroll in the US insurance plan selected by St. Mary's College of Maryland (SMCM) which would then be billed to each student's portal for payment annually. Due to the high costs and restrictions in the US medical system, this plan has been selected to have comprehensive care and in-network locations locally. All applications for consideration of waiving the SMCM health insurance plan must include the following information, in English:

- A copy of health insurance policy brochures;
- A copy of insurance card or premium receipt
- Insurance company's contact information including email and phone number

## Student Information

First Name, Last Name: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Sex: M\_ F\_  
Student Status: International \_\_\_\_\_ Visiting Scholars \_\_\_\_\_ Other \_\_\_\_\_  
Visa Type and Status: \_\_\_\_\_

## Health Insurance Policy Information

Insurance Company Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Website: \_\_\_\_\_  
Policy or Group Number: \_\_\_\_\_  
Coverage Dates: \_\_\_\_\_  
Primary Policy Holder: Self \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_  
Policy Holder's Name (if Applicable): \_\_\_\_\_  
Policy Holder's Social Security/Student Number: \_\_\_\_\_  
Waiver Application for: Self \_\_\_\_\_ Spouse \_\_\_\_\_ Child(ren) \_\_\_\_\_

## Dependent Information (optional)

First Name, Last Name: \_\_\_\_\_

Sex: M\_\_F\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_\_

Visa Type and Status: \_\_\_\_\_

Spouse or Child: \_\_\_\_\_

## Statement of Application for Insurance Waiver

Please read, sign, and date.

The following applies to all international exchange visitors:

1. I certify that all information on this application is complete and accurate.
2. I understand this application must be completed on a yearly basis (each summer).
3. I understand this application must comply with appropriate College standards or I may be subjected to penalties affecting my enrollment.
4. I understand that if my insurance coverage (for which my waiver approval is granted) terminates for any reason, it is my responsibility to notify the Office of International Education immediately.
5. I understand that upon receiving waiver approval, I am solely responsible for all costs relating to purchase of insurance and any medical expenses not covered by the policy I select.

Failure to complete the waiver process and/or receive waiver approval will result in automatic enrollment in St. Mary's College's International Insurance after the deadline date.

**International Visitor Signature:** \_\_\_\_\_

**Date (MM/DD/YYYY):** \_\_\_\_\_