



# WAIVER APPLICATION FOR HEALTH INSURANCE

Office of International Education  
St. Mary's College of Maryland  
230 Glendening Hall  
18952 E. Fisher Rd.  
St. Mary's City, MD 20686

DEADLINE for Submittal: August 15, 2012

All applications must include the following information in English:

- A copy of the health insurance policy brochure;
- A copy of insurance card or premium receipt;
- Insurance Company's telephone number.

## STUDENT INFORMATION

Name (Last/Surname)	(First)	(MI)	Student Number	Birth Date	<input type="checkbox"/> Male	<input type="checkbox"/> Single
					<input type="checkbox"/> Female	<input type="checkbox"/> Married
Local Address (Street)	(City)	(State)	(Zip)	Phone Number		
Student Status ( <b>check all that apply</b> )						
<input type="checkbox"/> International	<input type="checkbox"/> Visiting Scholar	Visa Status				

## HEALTH INSURANCE INFORMATION

Insurance Company Name	Telephone Number	Policy or Group Number	Coverage Dates
		to	
Primary Policy Holder	Policy Holder's Name (if other than self)	Policy Holder's Social Security / Student Number	Waiver Application for (Circle all that apply)
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse			Self   Spouse   Child(ren)

## DEPENDENT INFORMATION (Applies only to international students)

NAME	GENDER/M/F	BIRTH DATE	VISA STATUS	U.S. CITIZEN / PERMANENT RESIDENT
Spouse				<input type="checkbox"/> Yes <input type="checkbox"/> No
Child				<input type="checkbox"/> Yes <input type="checkbox"/> No
Child				<input type="checkbox"/> Yes <input type="checkbox"/> No

## IMPORTANT: STATEMENT OF APPLICATION (Please read, sign and date)

The following applies to all required students (including graduate assistants and graduate fellows):

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 FALL SEMESTER).
3. I understand this application must comply with appropriate University 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.
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.
6. Failure to complete the waiver process and/or receive waiver approval will result in automatic enrollment in St. Mary's College's International Insurance plan.

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

## OFFICE USE ONLY

\_\_\_\_ Approved \_\_\_\_ Denied      Reason: \_\_\_\_\_      Initials: \_\_\_\_\_      Date: \_\_\_\_\_