



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

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 (check all that apply)						
<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: _____