

HEALTH INSURANCE WAIVER APPLICATION

NAME:

FALL____ SPRING____ SUMMER____

A#:

DATE OF BIRTH:

Phone#:

EMAIL:

CAN I WAIVE OUT OF STUDENT HEALTH INSURANCE?

F-1 students with I-20s issued by Mt. San Antonio College are required to have medical insurance coverage from Mt. SAC's insurance provider, LewerMark Student Insurance. For more information about the LewerMark insurance plan, visit LewerMark.com/mtsac.

Waiver Applications will be considered for students under the following condition(s):

1. Concurrently enrolled at Mt. SAC with an I-20 issued by another college.
2. Sponsored by a foreign government or entity that provides health insurance.
3. Have special Extenuating Circumstances determined on a case-by-case basis. **A written statement of explanation is required.** Alternative insurance must be equal to or greater than Mt. SAC's provided insurance coverage and include repatriation or return of mortal remains services.

DOCUMENTS REQUIRED TO REVIEW WAIVER

1. **Complete** the Health Insurance Waiver Application
2. **Attach a copy of:**
 - (1) **REQUIRED:** Summary of health benefits from your health insurance provider
 - (2) **REQUIRED:** Insurance Card: including student name on policy and eligibility dates
 - (3) **REQUIRED:** I-20
 - (4) **IF APPLICABLE:** Proof of Foreign Government Sponsorship
 - (5) **IF APPLICABLE:** Written Statement explaining your Special Extenuating Circumstances.

WAIVER REVIEW PROCESS

1. **SUBMIT THE FOLLOWING:**
 - a. Health Insurance Waiver Application
 - b. Applicable Supporting Documents
 - c. You may submit your documents at the International Student Center (Building 9F), or Email to F1Visa@mtsac.edu, **Subject:** INSURANCE WAIVER APPLICATION.
2. **WAIVER SUBMISSION DATE** Health Insurance Waivers must be received by the International Student Program **no later than 7 business days** prior to the last day to drop courses.
3. **REVIEW:** Applications will be reviewed and notifications will be sent seven to ten business days upon receipt. Incomplete or inadequate applications will cause a delay in processing time.



SIGNATURE SECTION

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

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 to the best of my knowledge.

STUDENT SIGNATURE: _____

DATE: _____

ISC OFFICIAL USE ONLY

- Waiver Application is Accepted
- Waiver Application is Denied
- Waiver Application is Incomplete

EVALUATOR: _____

DATE: _____