

Health Insurance Embassy Sponsor Waiver Request Form

This form has been designed to assist international students in complying with Eastern Florida State College regulation requiring all international students to have health insurance when attending the College (to register or enroll in college classes). If you are covered under a sponsor or your Embassy provides you with health insurance benefits for the entire academic year, you may request to waive participation in the college endorsed plan. You **must** show proof that your policy provides benefits at least equal to those required by Eastern Florida State College.

STUDENT INFORMATION

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|---|------------------|------------|
| Student Name: | | EFSC ID #: |
| Email: | | Phone: |
| Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer | | Year: |
| Sponsor or Embassy Name: | | |
| Insurance Company Name: | | Policy #: |
| Effective Date: | Expiration Date: | |

STUDENT CERTIFICATON *(Required)*

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| <ul style="list-style-type: none"> I understand that this request must comply with the requirements for alternative health insurance plans to EFSC's Prime Plan or I may be subjected to penalties affecting my enrollment at Eastern Florida State College. I understand that if my insurance coverage (for which my waiver approval is granted) terminates for any reason, it is my responsibility to notify ISS, and to immediately purchase insurance so that there is no break in coverage. I understand that upon receiving waiver approval I am solely responsible for all costs relating to the purchase of insurance and nay medical expenses not covered by the policy I select. I understand that my health insurance coverage must be in effect on or before the first day of classes attended and must remain in effect for the duration of my program at EFSC. I understand that I am responsible for renewing my insurance premiums annually and providing ISS with an updated insurance plan description every year. I hereby request to waive the college endorsed health insurance plan and will be continue to be insured by the plan stated above. | |
| Student Signature: | Date: |