

International Student Health Insurance Waiver Form

Revised 2011

De Anza College' health insurance plan is **MANDATORY**. However, as a courtesy to students whose spouse, domestic partner (please see definition of domestic partner at: www.ss.ca.gov/dpregistry/), or parent is a U.S. citizen or permanent resident (green card) of the U.S., or holds an H or L visa (H & L are working visas), ISP will waive the health insurance fee given that the **ALL** following documentation is provided:

- Proof of spouse/parent U.S citizenship or residency (U.S. passport/Green Card) OR proof of H or L visa AND,**
- Proof of marriage certificate(spouse) or Proof of birth certificate(parent) or certificate of domestic partnership*(see below for definition of domestic partner) AND,**
- A copy of the insurance card AND,**
- A receipt showing payment of premium AND,**
- Proof that student's name is on the same insurance plan as spouse/parent/partner**

*Domestic Partnership as defined by the State of California: 'If you are in a committed lesbian or gay relationship in California, you can register as domestic partners. (for more information, check www.ss.ca.gov/dpregistry/)

**No application will be considered without required documents
OR after the second Friday of each quarter.**

Student Name: _____
(last name) (first name)

De Anza ID #: _____

Birthdate: _____ Phone #: _____

Email Address: _____

Insurance Company Name: _____

Policy/Group Number: _____

Beginning Date of Coverage: _____ End Date of Coverage: _____

By signing this application, I certify and understand the following:

1. I certify that all information provided as part of this application is complete and accurate.
2. 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 International Student Programs office at De Anza College.
3. I understand that upon receiving waiver approval, I am solely responsible for all costs related to the purchase of non-De Anza insurance and any medical expenses not covered by the policy I selected.

Student's Signature: _____ Date: _____

Waiver of Mandatory Insurance

Most insurances purchased by F-1 students in their home countries are "travel and accident insurance." This type of insurance includes some medical benefits, but does not adequately cover the very high cost of medical care in the United States. Henceforth, they do not meet the minimum coverage as determined by NAFSA: Association of International Educators and **do not meet** our waiver requirements. Students may request an exemption or waiver from purchasing the Foothill-Deanza Medical Insurance **ONLY** by meeting the waiver requirements.

IMPORTANT: If you submit the Waiver Form after the second Friday of the beginning of a quarter and it is approved, it is not a guarantee of a refund of the health insurance premium for that quarter.

For Office use Only: Approved as of: _____ Denied. Reason: _____