

Foothill and De Anza Colleges -- International Student Programs

International Student Health Insurance Waiver Application

Answer the questions below

1. My husband, wife, partner, or parent is working in the U.S. Yes No
2. The person listed in Question 1 works for a U.S. company Yes No
3. I am covered by health insurance provided by the company listed in Question 2 Yes No

If you answered "Yes" to ALL 3 QUESTIONS, you may apply for a waiver

If you answered "No" to ANY question, you may NOT apply for a waiver

Complete this form and submit all 3 documents below to apply for an insurance waiver. **All items are due by the second Friday of the quarter**

- Proof of insurance coverage through spouse, parent or partner's employer (printout from the company benefits website, or a letter from the company Benefits department). Document must show the student's name, and the relationship to the employee.
- Copy of paycheck, showing payment of premium. You may black out salary information.
- A copy of the insurance policy provided by the company. Must show details about policy.

No application will be considered without the above supporting documents

Student Name: _____
(Family / Last Name) (Given / First Name)

Student ID Number: _____

Date of Birth: _____ Phone Number: _____
(Month / Day / Year)

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. If my insurance coverage terminates for any reason, it is my responsibility to notify the International Student Programs Office on my campus (Foothill or De Anza).
3. I understand that upon receiving waiver approval, I am solely responsible for all costs related to purchase of the above insurance and any medical expenses not covered by the policy I selected.

Signature: _____ Date: _____

Most Insurance Policies Do Not Qualify For a Waiver

*We do not waive for "travel and accident insurance" or other insurances purchased by F-1 students in their home countries. This 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 listed above.*

International Student Office Use Only

Received By Deadline: Yes No

Approved Denied. Reason: _____