

International Student Insurance Waiver

LBCC requires non-resident international students (living in the U.S.) to be covered by health insurance. In order to waive the mandatory LBCC Plan, your current insurance must be approved by the International Program Office. The International Student office reserves the right to terminate a valid waiver if during any time the policy doesn't meet the minimum requirements.

Students on Optional Practical Training (OPT) can choose to waive out by signing this form. Although we do encourage students on OPT (Optional Practical Training) to continue coverage, they can choose to waive out by completing this form.

- **For Summer Term:** Summer is an "off" term which means you are not required to take classes, but if you are staying in the US you must have insurance. If you are returning home and provide a plane ticket with a departure date, you have the option of waiving the insurance. However, there are conditions that exist for this. If you waive, you are not covered for insurance from the time you depart until the first day of the following term and you are subject to the waiting period for any pre-existing conditions that you were treated for prior to stopping your coverage.

Instructions:

- Complete and sign the waiver request form
- If you are NOT a student on OPT, provide the additional:
- A copy of your insurance card-front and back
- A complete copy of the plan

- Schedule a time to meet with International Advisor to confirm coverage period

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|--|-----------------|-----------------------|-----------------|
| TO BE COMPLETED BY STUDENT | | | |
| Student name: _____ | | Student ID: _____ | |
| Student email: _____ | | Student Phone: _____ | |
| Name of Insurance Provider: _____ | | | |
| Provider Phone: _____ | | Provider email: _____ | |
| STUDENT CONFIRMATION | | | |
| <input type="checkbox"/> I have read the waiver requirements that apply to the plan I wish to waive. By signing below I certify the following: I understand that my insurance coverage must remain in effect for myself and any dependents in the U.S. as long as I am enrolled at LBCC. | | | |
| <input type="checkbox"/> I am on OPT and choose to waive the insurance coverage. | | | |
| Student Signature: _____ | | Date: _____ | |
| OFFICE USE ONLY (WAIVER STATUS) | | | |
| Date Received/Initials | Waiver Approved | Waiver Begin Date | Waiver End Date |
| Special Notes | | | |