

## International Student Insurance Waiver

LBCC requires non-resident international students and their dependents residing in the U.S. to be covered by health insurance. In order to waive the mandatory LBCC plan, you must show that you have insurance that is equal or better than what you are waiving. International Programs reserves the right to terminate a valid waiver if during anything the policy doesn't meet the minimum requirements.

**Instructions:**

- Complete and sign the waiver request form
- Provide valid proof of insurance from your insurance provider.
  - *The International Programs Office will verify that your plan meets the minimum requirements, but your proof of insurance must state your name, date of birth, insurance carrier, and plan name.*

**To be Completed by Student:**

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Beginning Date of Coverage: \_\_\_\_\_

End Date of Coverage: \_\_\_\_\_

**I have read the waiver requirements that apply to the plan I wish to waive. I understand that my insurance coverage must remain in effect for myself and any dependents residing with me in the U.S. as long as I am enrolled at LBCC.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>ADVISOR NOTES</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<i>Banner</i> <input type="checkbox"/> Notes <input type="checkbox"/> Attribute	<i>Insurance</i> <input type="checkbox"/> Charge <input type="checkbox"/> Hold <input type="checkbox"/> Update Spreadsheet
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