

ST. MATTHEW'S UNIVERSITY
HEALTH INSURANCE WAIVER REQUEST FORM

YEAR: _____ SEMESTER: Fall Spring Summer

STUDENT NAME _____

I do not wish to participate in the St. Matthew's University sponsored Health Insurance plan. I fully understand that I will be legally responsible for any medical expenses incurred during my enrollment at the University and that St. Matthew's will not be responsible for any medical expenses. I am authorizing cancellation of my policy coverage provided through St. Matthew's University.

Student Signature: _____

STUDENT LOCATION/STATUS		
<input type="checkbox"/> BASIC SCIENCES MED SCHOOL (Cayman)	<input type="checkbox"/> CLINICALS	
<input type="checkbox"/> BASIC SCIENCES VET SCHOOL (Cayman)	<input type="checkbox"/> NATIONAL BOARD	<input type="checkbox"/> LEAVE OF ABSENCE

_____ Street Address

_____ City State Zip Code

Email address _____@smucayman.com; _____

Insurance Company Name _____ Policy # _____

Insurance Company contact phone number _____ NHS # (or last 4 digits of SS#) _____

Country of Citizenship _____ Date of Birth _____
(month) (day) (year)

This form must accompany a copy of your Health Insurance Policy and current copy of your Health Insurance Card (front and back) to review for approval. If effective coverage dates are not shown on your insurance card, please provide a letter or document from your insurer verifying effective dates. (Students registered for Leave of Absence or National Board semester are eligible to drop coverage during this status, IF they authorize cancellation of their continued coverage. Be advised that if you have any pre-existing conditions, it is not in your best interest to interrupt continuous health insurance coverage. (NB or LOA students choosing to cancel coverage, need only to submit this Waiver Request Form. No other documentation is required.)

Please submit your completed waiver documents (see attached page) to FAX #: (407) 488-1743 or scan and email to studentaccounts@stmatthews.edu.

The deadline to submit this form is two weeks from the first day of class. After this date, waivers will no longer be accepted and reimbursements will not be issued.

For Office Use Only	
Date Received: _____	
<input type="checkbox"/>	Requires additional Emergency Evacuation and Repatriation coverage.
<input type="checkbox"/>	Enroll in Assist America Travel Policy: Verify Semester of purchase: _____
<input type="checkbox"/>	APPROVED
<input type="checkbox"/>	DENIED
Comments: _____	

In order to waive out of SMU insurance the following documents are required:

BASIC SCIENCE STUDENTS: (5 documents required)

1. Health Insurance Waiver Form
2. A copy of your insurance card (front and back).
3. A recent letter from your insurance provider verifying coverage or a recent copy of your premium statement.
4. A copy of your insurance coverage plan (summary of benefits).
5. **Travel Plan: Proof from your insurance provider that you are currently covered with at least \$50,000 medical evacuation and a minimum of \$20,000 Repatriation (return of mortal remains). This travel plan coverage is mandatory while on the Island (in addition to your basic health coverage).

**If you do not have this mandatory coverage you *may* elect to enroll through St. Matthew's University for \$167 and you will be required to re-enroll again in the next Fall semester. Please contact Student Accounts Department for this form.

CLINICAL STUDENTS: (3 documents required)

1. Health Insurance Waiver Form
2. A copy of your insurance card (front and back).
3. A recent letter from your insurance provider verifying coverage or a recent copy of your premium statement.

NATIONAL BOARD AND ALL LOA STUDENTS:

1. Health Insurance Waiver Form

All students who elect to waive their health insurance are required to submit these documents every semester.