

**UCI DIVISION OF CONTINUING EDUCATION
INTERNATIONAL PROGRAMS**

**Health Insurance Waiver
And Guarantee of Independent Coverage**

Family Name _____ First Name _____

Preferred Address: Local Foreign _____
Address (Number, Street Name)

City, Postal Code, and Country _____

Telephone: Cell Home _____ Email _____

<input type="checkbox"/> 10-Week Intensive ESL Year _____ <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	<input type="checkbox"/> 4-Week Program Year _____ <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September
<input type="checkbox"/> Accelerated Certificate Programs Year _____ Name of Program _____ <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	<input type="checkbox"/> Custom Designed Program Year _____ Name of Program: _____ Start Quarter: <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall

This Waiver is to certify that I, the above-named student, am waiving coverage of the medical insurance plan offered to me by UCI Division of Continuing Education International Programs (UCI DCE IP), for coverage during the above-specified program dates. In addition, because I am waiving the UCI DCE IP medical insurance plan, I am guaranteeing that I will instead be covered by an independent health insurance plan which I will arrange myself. This independent health insurance plan meets the following minimum required coverages:

- Unlimited benefit per Policy Year
- The deductible is no more than \$300 for in-network and out-of-network combined per Policy Year
- \$50,000 Minimum coverage for Medical Evacuation Expenses to your home country if necessary
- \$25,000 Minimum coverage for Repatriation of Remains to your home country in case of death

I understand that during my program of study, adequate health insurance coverage, as defined by the minimum coverages above, is **required** by UCI DCE International Programs.

SIGNATURE _____ **DATE** _____

Deadline:
Students who wish to opt out of UCI DCE International Programs' medical insurance plan must submit this waiver by the applicable deadline:
New Students: Before the first day of class
Continuing Students: By the deadline to pay all program fees for the next quarter

Students who do not submit this waiver by the applicable deadline will be automatically enrolled in UCI DCE International Programs' medical insurance plan, and will be responsible for paying the associated fees.