F-1 INTERNATIONAL STUDENT INSURANCE WAIVER FORM

STUDENMUS	ST COMPLETE THIS F	ORTION OF THE	FORM:	
USA Jag ID#:	E	-Mail Address:		
Name:				
City, State, Zip	Code:		Telephone:	
I have adequa Fall Semes		overage and reque ter Summer Sem	est a waiver for the followerngesster(s): ester	
insurance poli- pay all relevar understand that insurance com	cy coverage dates. I unt premiums for the pe at failure to maintain company to release the fo	understand that I was riod of time coverage may be collowing infration to	ver form each semester or academic year ill be automatically enrolled in the USA Sed untilSA receives and approves my ver ause for termination of immigration statu the University of South Alabama. I furth ellation of my participation in the study properties	Student Health plan and will ification of coveralge s. I hereby authorize my er understand that failure to
Student Signa	ture <u>:</u>	Date:		
INSURANCE	COMPANY MUST CC)MPLETE THIS P	ORTION OF THE FORM:	
Name of Ins	surance Company			
Mailing add	ress for claims:			
			E-mail address:	
			Coverage Dates:	
criteria MUST NOT provided YesNo YesNo	be met for the plan to): This policy provide least \$100,000 pe A deductible no gr	es both emergencer accident or illnes	e appropriate box relative to the coverage ase check as appropriate (XXX erage is purely and remergency health care and mentals. accident or illness. (a minimum of \$25,000 toward such ex	rovided, NOcoverage al health chemefits of at
YesNo	•		s (a minimum of \$25,000 toward such exverage breasonable and necessary exp	