UCI DIVISION OF CONTINUING EDUCATION

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** ___________________________________

☐ **10-Week Intensive ESL** Year ______
☐Winter ☐ Spring ☐ Summer ☐ Fall

☐ **Accelerated Certificate Programs** Year______
Name of Program__________________________
☐Winter ☐ Spring ☐ Summer ☐ Fall

☐ **2-Week Program** Year ______
☐ January ☐ February ☐ July ☐ August ☐ September

☐ **4-Week Program** Year ______
☐ January ☐ February ☐ July ☐ August ☐ September

☐ **Internship Program** Year _______
☐ Winter ☐ Spring ☐ Summer ☐ 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 (UCI DCE), for coverage during the above-specified program dates. In addition, because I am waiving the UCI DCE 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.

SIGNATURE ____ **DATE** ________________

Deadline:
Students who wish to opt out of UCI DCE medical insurance plan for international students 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 medical insurance plan for international students, and will be responsible for paying the associated fees.