

WAIVER FORM - 2014-2015

United Healthcare Insurance Company of New York

PACE UNIVERSITY INTERNATIONAL STUDENT ACCIDENT AND SICKNESS INSURANCE 2014-2015

Pace University policy requires each student to pay a Student Accident and Sickness Insurance premium charge for mandatory health insurance unless she/he satisfactorily demonstrates possession of appropriate and adequate coverage under a non-University insurance policy. The University will delete the Student Accident and Sickness Insurance premium charge from your tuition bill **only** if you satisfactorily demonstrate coverage under another insurance policy as specified in the University brochure, "PACE UNIVERSITY INTERNATIONAL STUDENT ACCIDENT AND SICKNESS INSURANCE – 2014-2015". The University will consider deleting the Student Accident and Sickness Insurance premium charge for students whose non-University accident and sickness or comparable insurance policy is determined to provide coverage that is equal to or better than the coverage provided under the University's policy even if such non-University insurance policy does not provide coverage for Emergency Medical Evacuation and Repatriation of Remains. By signing this Waiver Form, you acknowledge your understanding and acceptance that in cases where a waiver of the Student Accident and Sickness Insurance premium charge for policies that do not cover Emergency Medical Evacuation and Repatriation of Remains, you alone, and not the University, will be solely and exclusively responsible for any and all such expenses.

Complete this Waiver Form with a copy of your insurance policy in English and in U.S. dollars, to The Allen J. Flood Companies, Inc. by email to pace@ajfusa.com, fax to 914.922.9212, or mail to Two Madison Avenue, Larchmont, NY 10538 attn: Pace International Student Plan, no later than October 2, 2014 for annual coverage or February 20, 2015 for new students enrolling in the spring semester. New Students enrolling in the summer sessions I & II at Pace University should contact the International Students & Scholars Office for deadline date.

STUDENT'S NAME: _____
(LAST/FAMILY) (FIRST/GIVEN NAME) (MIDDLE INITIAL)

PACE STUDENT ID#: (PLEASE PRINT) U _____ VISA STATUS OF INSURED STUDENT: _____

U.S. ADDRESS: (PLEASE DO NOT PROVIDE FOREIGN ADDRESS)

(STREET) (CITY) (STATE) (ZIP)

WAIVED FOR: ☐ ANNUAL ☐ SPRING/SUMMER ☐ SUMMER I ☐ SUMMER II

OTHER INSURANCE INFORMATION (MUST BE COMPLETED)

NAME OF INSURANCE COMPANY _____

POLICY NO. _____

Name of Policyholder: _____ Relationship to Insured: _____

Visa Status of Policyholder: _____

STUDENT EMAIL: _____

SIGNATURE OF STUDENT: _____ DATE: _____

SIGNATURE OF POLICYHOLDER, IF OTHER THAN THE STUDENT _____ DATE: _____