UNIVERSITY OF CALIFORNIA, IRVINE EXTENSION
INTERNATIONAL PROGRAMS

Health Insurance Waiver
And Guarantee of Independent Coverage

Family Name ______________________________ **First Name** ________________________________

Permanent Foreign Address ____
Street Address City

Country ______________________________ **Telephone**______________________________________

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

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

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

☐ **Evening Certificate Programs** Year _______
Name of Program: _________________________
Start Quarter: ☐ Winter ☐ Spring ☐ Summer ☐ Fall

This Waiver is to certify that I, the above-named student, am waiving coverage of the health insurance plan offered to me by the University of California, Irvine Extension International Programs (UCI Extension), for coverage during the above-specified program dates. In addition, because I am waiving the UCI Extension International Programs health insurance, 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 coverage:

$500,000 Maximum benefit per Policy Year
$ 25,000 Minimum coverage for Evacuation Expenses to your home country if necessary
$ 10,000 Minimum coverage for Repatriation of Remains to your home country in case of death
The deductible does not exceed $75.00 per injury/illness

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

Insurance Company Name: ____

Policy Number: ____

Contact Phone Number: ____

Coverage Dates: ____

SIGNATURE ____________________________________ **DATE** __________________________________

Deadline:

Students who wish to waive UCI health insurance must submit this Waiver by the deadline:
New Students: Before the first day of class
Continuing Students: By the deadline to pay all program fees for the next quarter

All students who do not complete this waiver by the deadline will be automatically enrolled in the UCI health insurance plan, and will be responsible for paying the associated fees.