

Cuesta College -- International Student Program

International Student Health Insurance Waiver Application

Please answer the qu	uestions below:		
1. My spouse, partner, or parent is working in the U.S.			□ Yes □ No
2. The person listed in Question #1 works for a U.S. company			□ Yes □ No
		rided by the company referenced in Question #2	2 □ Yes □ No
•		<u>DUESTIONS,</u> you may apply for a wa may NOT apply for a waiver	iver
All items are due by Proof of insurbenefits webs name, and the	rance coverage through the second Friday of the site, or a letter from the relationship to the e	gh spouse, parent or partner's employer (print he company Benefits department). Document	-out from the company must show the student's
A copy of the insurance policy provided by the company. Must show details about policy.			
No application v	will be considere	ed without the above supporting do	cuments
Student Name:			
	ly / Last Name)	(Given / First Name)	
`	· /		
	h / Day / Year)	Phone Number:	
`	• •		
Beginning Date of Co	overage:	End Date of Coverage:	
 I certify that all in If my insurance of Programs Office. I understand that 	nformation provided a overage terminates for upon receiving waive	understand the following: s part of this application is complete and accurate rany reason, it is my responsibility to notify the rapproval, I am solely responsible for all costs expenses not covered by the policy I selected.	e International Student
Signature:		Date:	
Most Insurance Policie			
This insurance includes States. Henceforth, they and do not meet our wa	some medical benefits, do not meet the minimuiver requirements. Stud	ance" or other insurances purchased by F-l student, but does not adequately cover the very high cost of um coverage as determined by NAFSA: Association lents may request an exemption or waiver from purcer requirements listed above.	medical care in the United of International Educators
International Stud	ent Office Use Only	Received By Deadline: 🖵 Y	es 🗆 No
☐ Approved ☐ De	enied. Reason:		