International Student Health Insurance Waiver Form

DigiPen Institute of Technology requires that all international students with an F-1 visa to have health insurance. Students may purchase health insurance through DigiPen’s Health Insurance Plan, or may sign a waiver form indicating that they have their own insurance. If you choose to use your own insurance, you must fill out this waiver form and return it and proof of insurance by August 15th or you will automatically be registered for the DigiPen Health Insurance Plan. Please mail this form and proof of insurance to Kati Von Lehman at the address above or attach the documents in an email to kvonlehman@digipen.edu. Thank you.

Student Information:

First Name .......................................................... Last Name ..........................................................

Student ID Number ................................................ Email Address ..................................................

By signing this waiver, you are agreeing that:

☐ I would like to apply for a waiver to the DigiPen Health Insurance Plan.

☐ I have my own health insurance, which is valid and in effect from 9/1/09 – 8/31/10.

☐ By not returning this form by August 15th, 2009, I will be enrolled and charged for the DigiPen Health Insurance Plan.

☐ I must proof of insurance in English, with coverage dates and limits in US dollars.

☐ This application must be renewed every year I am a student.

I certify that the information provided is accurate to the best of my ability.

Signature .......................................................... Date ..........................................................

Office Use Only:

Accepted by: ____________________________ Date: ____________ Proof of Insurance Included? ____