



INTERNATIONAL AND EXCHANGE STUDENT HEALTH INSURANCE WAIVER FORM 2006-2007 ACADEMIC YEAR

Participation in the SAIC student health insurance plan is compulsory for all international degree, certificate and exchange students for the academic year 2006-2007. SAIC insurance coverage may be waived upon submission of this completed form and evidence of equal or better insurance coverage for the entire academic year, August 15, 2006 through August 14, 2007. Dates of coverage must match exactly.

\*If you are a domestic (U.S.) exchange student, complete sections A, C, and D only.

A. Student Name ID # Local Mailing Address Telephone Number

B. What is your VISA type? Are you an exchange student? If yes, when will you depart the U.S.?

C. Terms coverage is to be waived: Entire academic year, Fall 2006 only, Spring 2007 only

D. Insurance Company Policy # Phone Number of Insurance Company Name of Insured Group #

Student Signature Date

Submit the completed waiver form and a copy of your insurance policy (international students only) by September 13, 2006 for a full-year waiver or fall only, and by February 7, 2007 for spring only to:

SAIC International Affairs 36 South Wabash Avenue, Suite 1203, Chicago IL 60603

International Affairs

Received By: Date: Approved By: Date:

Student Financial Services

Received By: Date: Input By: Date: