

International Student Medical Insurance Waiver Form

If you are covered by your own health insurance, please read the statement below and sign the form. Please attach proof of insurance in English and note the deadlines for submitting the form below.

I, _____, confirm that I have my own health insurance and that
(name of the insured student) my and that my current health insurance contract covers
me while I am studying in the Canada. Therefore, I decline to purchase the insurance plan
provided to City University by Student Assurance Services, Inc.

I also confirm that my current insurance meets the following minimum requirements:

- Provides coverage for both accidents and sickness
- Minimum benefits of at least \$250,000 per illness or injury
- Minimum coverage for inpatient services of at least 80%
- Minimum coverage for outpatient services of at least 80% and must include coverage for physician visits, x-ray, lab, and surgery
- Provides benefits for mental and nervous disorders and substance abuse
- Provides repatriation benefit of at least \$25,000
- Provides medical evacuation benefit of at least \$50,000

Name of the provider

Name of principal subscriber (if applicable)

Relationship to you (spouse, parent, etc.)

Please check one:

My insurance policy is continuous.
Deadline for submitting the form: end of first week of the quarter

My insurance policy expires on _____ -- _____ -- _____
Month Day Year

Deadline for renewal notice: last day of the month prior to the insurance policy expiration.

Print name

Signature

Student ID#

Date

Please return the completed form to:

**International Admissions
City University
789 West Pender Street, Suite 310
Vancouver, BC V6C 1H2 Canada**