

UNIVERSITY OF CALIFORNIA, IRVINE
ENGLISH & CERTIFICATES FOR INTERNATIONALS
Summer Session

HEALTH INSURANCE WAIVER
AND GUARANTEE OF INDEPENDENT COVERAGE

FAMILY NAME _____ **FIRST NAME** _____

PERMANENT FOREIGN ADDRESS _____

Street Address

City

COUNTRY _____ **TELEPHONE** _____

PROGRAM: Session I Session II Session I/II 10-week (circle one)

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, University Extension Program in English & Certificates, for coverage during the above-specified program dates. In addition, because I am waiving the UCI UNEX health insurance, I am guaranteeing that I will instead be covered by an independent health insurance plan that I will arrange myself. This independent health insurance plan meets the following minimum required coverages:

- \$250,000 Minimum coverage for incurred Injury, Accident and Sickness
- \$ 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

I understand that during my program of study, adequate health insurance coverage, as defined by the minimum coverages above, is **required** by UCI UNEX, Summer Session.

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 with their application. All students who do not complete this Waiver by that time will be automatically enrolled in the UCI health insurance plan, and will be responsible for paying those fees.