

APPLICATION TO OPT-OUT OF THE INTERNATIONAL STUDENT MEDICAL PLAN



EXCHANGE STUDENTS ONLY

This opt out form is for international exchange students attending Acadia University who wish to opt out of the ASU International Student Medical Plan.

As you have indicated you do not hold valid health insurance, you will be BILLED and ENROLLED for coverage under the ASU International Student Medical Plan for the terms in which you are enrolled at Acadia University. You will only be granted an opt out under the following conditions:

- No claim has been made under the policy during your coverage period
- You have indicated you will be outside of Canada for the Full 2024-25 Policy Year
- You are not returning to Acadia University after your exchange term ends

If you return to Canada after your exchange ends, it is your responsibility to secure sufficient health insurance. If you do not obtain health insurance, you are responsible for any and all medical bills / fees / charges. Initial:

PERSONAL INFORMATION

First Name:

Last Name:

Date of Birth (MM/DD/YYYY):

Student ID #:

Email:

Home Country:

Telephone: ()

I WISH TO OPT-OUT OF THE ASU INTERNATIONAL STUDENT MEDICAL PLAN FOR THE 2023-24 POLICY YEAR:

I will be on exchange from Acadia for the 2024-25 Policy Year and leaving the country on the following date (MM/DD/YYYY):

RELEASE WAIVER

I have chosen to opt out of the ASU International Student Medical Plan provided by the Acadia Student Union (ASU). I understand that I may not be covered during my time in transit if I am opting out of the ASU International Student Medical Plan. (initial).

I understand that if I return and remain in Canada, it is my responsibility to secure sufficient health insurance. I acknowledge that my medical treatment or related services will no longer be covered by the ASU International Student Medical Plan once my opt out is processed. (initial).

I AGREE TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the ASU and Acadia University, their directors, officers, employees, agents, representatives, successors and assigns (the "Releasees") and **TO RELEASE THE RELEASEES** jointly and severally, of and from any and all liability for any losses, damages, expenses and claims arising out of or in connection with my opting out of the ASU International Student Medical Plan or with my maintaining Alternate Insurance. This agreement is binding upon my heirs, next of kin, executors, administrators and assigns. This agreement shall be governed by and interpreted solely in accordance with the laws of Nova Scotia.

Student Signature:

Date:

Staff Signature: