

APPLICATION TO OPT-OUT OF THE INTERNATIONAL STUDENT HEALTH PLAN



EXCHANGE STUDENTS ONLY

This opt out form is for international exchange students attending Dalhousie University who wish to opt out of the DSU International Student Health Plan for the terms in which they will no longer be an exchange student at Dalhousie University.

As you have indicated you do not hold valid health insurance, you will be BILLED and ENROLLED for coverage under the DSU International Student Health Plan for the terms in which you are enrolled at Dalhousie 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 completed your exchange term at Dalhousie University and have permanently returned or are returning to your home country
- You have provided sufficient proof that you have or will be returning to your home country
- You are not staying or returning to Dalhousie University after your exchange term ends

If you remain in 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 AM AN EXCHANGE STUDENT AT DALHOUSIE FOR THE FOLLOWING TERM(S):

Fall (Sept-Dec) 2024

Winter (Jan-Apr) 2025

Spring (May-Aug) 2025

Fall & Winter (Sept-Apr) 2024-25

Winter & Spring (Jan-Aug) 2025

I WISH TO OPT-OUT OF THE DSU INTERNATIONAL HEALTH PLAN FOR THE FOLLOWING TERM(S):

Winter & Spring (Jan-Aug) 2025

Spring (May-Aug) 2025

I will be done my exchange at Dalhousie and returning to my home country on the following date (MM/DD/YYYY):

RELEASE WAIVER

I have chosen to opt out of the DSU International Student Health Plan provided by the Dalhousie Student Union (DSU) for the terms indicated above. I understand that I may not be covered during my time in transit back to my home country if I am opting out of the DSU International Health Plan. (initial).

I understand that if I do not return home 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 DSU International Health 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 DSU and Dalhousie 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 DSU International Student Health 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: