

APPLICATION TO OPT-OUT OF THE INTERNATIONAL STUDENT HEALTH PLAN



PRIVATE INSURANCE OPT-OUT

As an International student at Dalhousie University, you are automatically enrolled in the Dalhousie Student Union ("DSU") International Student Health Plan. If you have in-force equivalent or comparable insurance coverage that meets the opt out requirements and wish to opt out (cancel) of this plan, you must submit this form and proof of your policy to the DSU Health Plan Office during the designated opt out period for the term in which you begin your studies. Opt outs submitted after the deadline will not be accepted. No exceptions.

PLEASE NOTE: By opting out of the DSU International Student Health Plan you will have no travel coverage. Please refer to your current policy should you have plans to leave the province of Nova Scotia for educational requirements or personal interest. Some plans do not provide travel coverage.

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): _____ Student ID #: _____

Email: _____ Home Country: _____

Telephone: () _____

Study Dates:
I started classes for the 20 -20 academic year in: September 20 January 20 May 20
Please check ONE(1)

INSURANCE INFORMATION

Proof of coverage indicating the following must be attached (wallet cards not accepted):

- Students Name
- Name and Phone number of Insurance Company
- Coverage Dates
- Minimum \$2,000,000 coverage in Canadian dollars (CAD)
- Policy and ID Number

**Your policy must not contain any exclusions for medical services including hospitalization relating to being under the influence of alcohol or other intoxicant, or for self harm, self inflicted injury, attempted suicide or suicide.*

This coverage is provided by:

- Government policy issued by home country Private Purchased Plan Family Employee Benefit Plan
- Scholarship Coverage (Please Identify) :

RELEASE & WAIVER

I have chosen to opt out of the DSU International Students Health Plan provided by the DSU and to maintain my health coverage through _____ (My alternate insurance plan).

I understand that because I choose to maintain alternate insurance I may be required to pay for medical treatment or services at the time such treatment or services are provided.

I acknowledge that not all medical treatment or related services may be covered by my Alternate Insurance.

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 the DSU's 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.

By opting out, your International Health Plan Wallet card may no longer be active. The effective and termination dates on your current wallet card may no longer be valid. Please consult the health plan office for more information

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____