

# APPLICATION TO OPT-OUT OF THE INTERNATIONAL STUDENT MEDICAL PLAN

## PRIVATE INSURANCE OPT-OUT

As an International student at Acadia University, you are automatically enrolled in the Acadia Student Union ("ASU") International Student Medical 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 ASU Supports 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 ASU International Student Medical 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: Please check ONE(1)  
I started classes for the 20 -20 academic year in: September 20 January 20 May 20

### REQUEST TO OPT-OUT OF COVERAGE

To be eligible to Opt-out, you must be covered by comparable coverage.

I hereby request to Opt-out of: International Basic Health Insurance Extended Health Coverage\* Dental Coverage

*\*Note: When you opt-out of the Extended Health Coverage, both the Out of Canada/Province (OOC)/Travel Assist benefit and the Student Accident Insurance coverages are automatically terminated along with the Extended Health Coverage*

#### Certification & Proof of alternative coverage required:

If opting out of the ASU International Student Medical Plan, you must show proof of coverage for your private plan

NAME OF INSURANCE	POLICY NUMBER	EXPIRY DATE

If opting out of the Extended Health and/or Dental Coverage, you must show copies of any document and insurance certificate/card(s), verifying that you are insured under comparable, the name of the other insurer, and indicate the name of the primary insured person (e.g. your spouse/common-law spouse or yourself).

NAME OF INSURER PROVIDING COMPARABLE COVERAGE	POLICY NUMBER	INSURED PERSON'S NAME & RELATIONSHIP TO YOU

### 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 \$1,000,000 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 ASU International Students Medical Plan provided by the ASU 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 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's 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. By opting out, your International Medical 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 ASU Supports office for more information.

Student Signature: Date:  
Staff Signature: Date: