

APPLICATION TO OPT-OUT OF THE INTERNATIONAL STUDENT HEALTH PLAN



HOME COUNTRY OPT-OUT

As an International student at Dalhousie University, you have been automatically billed and enrolled in the DSU International Student Health Plan.

As you have provided proof that you are currently residing outside of Canada, in your home country, you will be eligible to opt out of the DSU International Student Health Plan.

You will only be eligible to opt out of the terms in which you will be studying in your home country.

You will be required to opt-out **each term** that you studying in your home country. **Initial:**

If you arrive in Canada after opting out you are responsible for purchasing insurance coverage to cover you for emergency medical expenses while in Canada. Please e-mail admin@internationalhealth.ca for assistance purchasing insurance coverage.

PERSONAL INFORMATION

First Name:

Last Name:

Date of Birth (MM/DD/YYYY):

Student ID #:

Email:

Home Country:

Telephone: ()

PLEASE INDICATE WHICH TERMS YOU WILL BE IN YOUR HOME COUNTRY:

Fall (Sept-Dec) 2021

Spring (May-Aug) 2022 Full

Winter (Jan-Apr) 2022

Year (Sept-Aug) 2021-22

RELEASE & WAIVER

I have chosen to opt out of the DSU International Student Health Plan provided by the DSU and to maintain my own health coverage, whether it be private or government provided insurance. I acknowledge that if I am opting out without alternative insurance I am responsible for all costs and expenses related to medical treatment and services not covered by my health insurance. I acknowledge that I am fully responsible for all costs and expenses related to medical treatment and services not covered by my health 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 "Releases") and **TO RELEASE THE RELEASES** 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'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.

Student Signature:

Date:

Staff Signature: