APPLICATION TO OPT-OUT OF THE INTERNATIONAL STUDENT MEDICAL PLAN





MSI OPT-OUT

As an International student at Acadia University, you are automatically enrolled in the Acadia Student Union (ASU) International Student Medical Plan. Students who have active coverage through MSI may be eligible to opt out. To be eligible to opt out of the ASU International Student Medical Plan you must submit this form to the ASU Supports Office. You must present this completed form and proof of your valid MSI card at your earliest convenience. Your refund will be for the remaining months in the calendar year based on the 1st day of the 1st month after we receive your completed application. Refunds will not be backdated.

If you are successfully opted out of the ASU International Student Medical Plan, you will be automatically enrolled on and charged for the ASU Extended Health & Drug Plan. This fee will be put on to your student account.

Please note: By opting out of the ASU International Student Medical Plan you will be billed for the Companion Plan. This plan provides 31 days of coverage outside the province of Nova Scotia as MSI is only effective within the province. If you are gone for more than 31 days, your MSI coverage will be terminated and you will not be able to re-enrol for the ASU International Medical Plan. Should you have plans to leave the province of Nova Scotia for educational requirements or personal interest for more than 31 days it may be in your best interest to stay enrolled on the ASU International Students Medical Plan.

PERSONAL INFORMATION		
First Name:	Last Name:	
Date of Birth (MM/DD/YYYY):	Student ID #:	
Email:	Home Co	ountry:
Telephone: ()		
Study Dates: I started classes for the 20 -20	academic year in: September 20	January 20 May 20 Please check ONE(1)
MSI INFORMATION MSI Number:	Effective Date (MM/DD/YYYY):	Expiry Date (MM/DD/YYYY):
RELEASE & WAIVER		
I have chosen to opt out of the ASU International Student Medical Plan provided by the ASU and to maintain my health coverage through MSI (my alternate insurance coverage). I acknowledge that I am fully responsible for all costs and expenses related to medical treatment and services not covered by MSI. 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 students medical plan or with my maintaining Alternate Insurance (MSI). 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.		
I authorize the Acadia University Student Union ("ASU") and Acadia University, Medavie Blue Cross™, and C&C Insurance Consultants (benefit consultant) to collect and exchange personal information about me and/or my dependents to process claims and administer my plan. I understand any personal information obtained by these entities will be kept confidential and, where necessary, will be exchanged with any health care practitioner, medical facility or provider of healthcare/dental service, Medavie Blue Cross™, any provincial health insurance plan, insurance company or re-insurer, auditing or independent investigative organization, and financial institution, applicable to the day-to-day scope of this benefit plan. 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.		
I understand that if I elect to opt out of coverage, I will not receive a refund of any of the premium paid if a claim has been paid under my policy.		
Student Signature:		Date:
Staff Signature:		