

**MIAMI DADE COLLEGE
INTERNATIONAL STUDENT HEALTH INSURANCE WAIVER FORM**

Miami Dade College – International Student Services – Please mark your home campus:

<input type="checkbox"/> Hialeah Campus	<input type="checkbox"/> Homestead Campus	<input type="checkbox"/> Padron Campus	<input type="checkbox"/> Kendall Campus
<input type="checkbox"/> Medical Campus	<input type="checkbox"/> North Campus	<input type="checkbox"/> West Campus	<input type="checkbox"/> Wolfson Campus

International Students will not be permitted to register or to continue enrollment without demonstrating that he or she has health insurance while attending Miami Dade College. An International Student must purchase the MDC Student Health Insurance program, or they can request a waiver if they have an alternative health insurance plan that meets the following MDC criteria:

1. Be fully compliant with the provisions of the Affordable Care Act and all state and federal mandates.
2. Be underwritten by an insurance and claims company based in the United States (no international insurance companies, travel insurance or short-term medical plans).
3. Provide access to local doctors, specialists, hospitals, and other health care providers in the Miami Dade/Broward area.
4. Cover accident and sickness at a minimum of 80% in network and 60% out of network with no lifetime maximum (i.e. unlimited benefit) per accident or sickness.
5. Cover inpatient and outpatient hospital expenses, outpatient surgical expenses, inpatient and outpatient mental health, emergency room visits, prescription drugs, laboratory tests and x-rays, physical therapy, maternity, and home health care.
6. Provide coverage for the entire enrollment period (i.e. Academic Year, Spring/Summer, or Summer).
7. Have an in-network deductible no greater than \$250 per policy year.
8. Provide immediate coverage for pre-existing conditions with no waiting period for services.
9. Provide coverage for preventative care, including physicals, physician visit exams, gynecological exams, and preventative laboratory tests, immunizations, and vaccinations.
10. Provide coverage for medical evacuation and repatriation of remains

Instructions to Student: If you choose to purchase an alternate health insurance plan, please complete below and submit this form along with electronic copies of the following documents to mdc@insuranceforstudents.com

1. A scanned copy of the front and back of your health insurance ID card indicating the student as a covered member.
2. A scanned copy of your complete policy, including coverage amounts, exclusions, and limitations in English using US dollars.
3. A scanned copy of your medical evacuation and repatriation coverage (if you have this coverage).

Which terms of the academic year will you be at MDC? Please note that medical coverage is mandatory during the entire time you will be a student at Miami Dade College, even if you are not in the U.S. during the summer semester.

New or Current Student: ___ Full Annual Coverage ___ Spring Summer

Current Student: Graduating: _____

Student Name: (Last/family) _____ (First/given) _____

Student Id Number _____ **Date of Birth** _____ **Student Phone #** _____

Release of Information: I hereby agree to maintain medical coverage for the entire time of study at Miami Dade College and authorize my insurance company to release the following information to Miami Dade College staff as necessary. I further understand that I must my policy reviewed/renewed at the end of the approval period indicated above.

Print Name: _____ **Signature** _____ **Date** _____