International Student Insurance Waiver

Savannah College of *Art and* Design®

Fill out this form only if you plan to submit an alternate insurance policy to SCAD.

Part A–Student Details (to be completed by the student)

Name

Visa type | Student ID number

Local address

E-mail | Local phone number

If you are female, you also must complete part C of this form.
I hereby authorize my insurance company to release the requested information in part B of this form to the international student services office at SCAD.

Signature of student | Date / /

Part B–Alternate Policy Information (to be completed by the insurance representative or insuring sponsor)
You must attach a copy of the alternate policy, in English, with expiration date.

Insurance company name

Policy number | Expiration date / /

Address

Phone number | Fax

Answer all:

This policy covers 80–100 percent of all health care costs.	○ Yes	○ No
This policy covers at least $50,000 per illness or injury.	○ Yes	○ No
This policy covers repatriation costs of up to $10,000.	○ Yes	○ No
This policy covers medical evacuation costs up to $25,000.	○ Yes	○ No
This policy is in English and has an expiration date.	○ Yes	○ No
This policy covers pregnancy, if the insured is female.	○ Yes	○ No
I have attached a copy of the alternate policy and/or schedule of benefits.	○ Yes	○ No

The undersigned certifies that all the information given is correct and that failure to provide the correct information could affect the student's ability to enroll in classes. If at any time the student's alternate insurance policy is canceled, the undersigned will notify the ISSO.

Name of sponsor or insurance company representative:

Signature | Print name | Date / /

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Part C–Pregnancy Waiver (to be completed by female students only)

Does your health insurance policy cover you for pregnancy? ○ Yes ○ No

If you answered no to the above question and would still like to continue with your alternate health insurance plan, carefully read and sign the following statement:

I understand that my health insurance policy does not cover me for pregnancy and I will assume all responsibility for medical and financial costs regarding pregnancy coverage.

Signature of student Date / /

Note to students

You may elect to resubmit and/or upgrade your policy at any time. The deadlines for submitting this form are listed below; however, if you fail to meet this deadline and/or until an acceptable alternate insurance policy is provided, you will be enrolled automatically in the health insurance plan supplied through the international student services office at SCAD, and your student account will be charged accordingly.

Deadlines for completing this form:

Enrollment	Deadline date
Fall 2008	Sept. 22, 2008
Winter 2009	Jan. 12, 2009
Spring 2009	March 30, 2009
Summer 2009	June 29, 2009

Alternate Health Insurance Verification (international student services office use only)

Date completed form received / /

Has a copy of the alternative insurance policy been received? ○ Yes ○ No

Date of verification / /

This alternate insurance policy meets ISSO standards. ○ Yes ○ No

If no, reasons why:

Signature of ISSO adviser Date / /

Return the completed form via mail or fax to:

International Student Services Office
Savannah College of Art and Design
P.O. Box 3146
Savannah, GA 31402-3146
Fax 912.525.7305

E-mail questions to ISSO@scad.edu.

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