



Health Insurance Waiver Request - Term: _____

Waiver Request Deadline: FIRST DAY OF ORIENTATION

THIS WAIVER MUST BE SIGNED and presented with your insurance policy no later than: FIRST DAY OF ORIENTATION

You will be charged for the health insurance arranged by Drexel ELC after this date. It is not refundable. You may not attend classes without insurance.

I am requesting a waiver from the mandatory Drexel University, English Language Center Health Insurance Plan. In submitting this Health Insurance Waiver Request, I understand that it is my responsibility to maintain health insurance for myself.

Program Intensive English _____

First Name _____

Last Name _____

Date of Birth _____

Gender (circle Male or Female) _____

Company Name _____

Policy # _____

Insurance ID # _____

Claims Phone # _____

Coverage Start Date _____

Coverage End Date _____

Sponsor / Company _____

I certify that I have insurance through the policy referenced above and I will maintain this coverage or comparable coverage during my studies at Drexel ELC.

I have elected to use a private health insurance provider by submitting this waiver request. If the waiver is granted, I release Drexel University English Language Center from any liability for any issue of medical coverage including cases of medical emergency.

Student Signature _____

Date _____

IMPORTANT!

It is a Drexel University policy that all students must have health insurance during attendance at the university. To use an alternate Health Insurance Provider, please attach a photocopy of your policy statement showing the following items in English:

- Your full name (first/given and last/family names).
Your date of birth
Your insurance ID number, and the Insurance Policy Number.
The beginning and ending dates of your policy, which must include the entire time you will study at the ELC for the current term.
Coverage for medical and hospital services for a minimum total of US \$500,000 for accident and US \$500,000 for sickness. Please be sure that the statement explains the types of services provided. Note: travel, repatriation, disability, and/or life insurance are not acceptable alternative types of coverage.
Insurance company name, phone and address in the USA for emergency (English-speaking).
Your plan provides coverage for emergency, non-emergency, inpatient and outpatient care in the Drexel University area (emergency only care does not satisfy the requirement)
Your plan provides coverage for Mental Health & Substance Abuse in the Drexel area
Plans must be provided by a company licensed to do business in the United States - with a U.S. claims payment office and a U.S. phone number
Your plan provides coverage for pre-existing conditions immediately upon enrollment
Your plan is not a reimbursement plan (A reimbursement plan requires you to pay for all services up front and out of pocket)
Waiver Request Form must be submitted by the Waiver Request Deadline listed above.

ELC Administrative Signature & Date _____