

STUDENT INFORMATION

NAME AND CONTACT INFORMATION

Student Last Name:

Student First Name:

Date of Birth:

SID Number:

Phone:

Quarter/Year of Requested Waiver:

All international students are required to have medical insurance while a student at LWTech. It is highly recommended you maintain coverage during vacation and OPT as well. LWTech, in partnership with LewerMark, offers health insurance for international students at a low cost. The deadline to waive out of LewerMark insurance is by the 1st day of each quarter. To be considered for the insurance waiver, please complete this form and submit it to the International Programs office with the required documents (from the list below). Insurance waivers must be submitted every quarter you are enrolled at LWTech.

1. If your parent or spouse is employed in the U.S. and has insurance through their employer and you are included in their policy, provide a summary of benefits that explains the insurance benefits and full dates of coverage,

OR

2. Statement of insurance or statement of coverage from an insurance provider from your home country or an embassy sponsored plan and a summary of benefits that explains **in English** the insurance benefits and full dates of coverage,

AND

3. A copy (front & back) of your insurance ID card in English.

Note: Insurance coverage must be comparable to LWTech's health insurance benefits.

Student Certification

By signing this form, I attest that the above information is true. I understand that providing false information may negatively affect my immigration status. I understand that if I do not meet the requirements to waive out of LWTech's insurance plan, I will be required to enroll in LWTech's insurance plan immediately. I understand that if I do meet the requirements to waive out of LWTech's insurance plan, I will maintain current health insurance for each quarter that I am attending LWTech. I understand that failure to maintain current health insurance will negatively affect my immigration status and may lead to the termination of my SEVIS record.

Student Signature

Date
