

INSURANCE INFORMATION

There are 2 options available for International Student Insurance coverage. Please read carefully and choose Option 1 below or Option 2 on the reverse side of this form. Do not choose Option 2, if the policy does not meet the requirements listed.

Student Name _____ Birthday _____

Home Country Address _____

Parents/Guardian Full Names _____

Home Phone _____ Cell phone _____

Option 1: School International Insurance* Not for American Citizens

Coverage: You may purchase 24-hour coverage (except home country) while outside home country, including travel directly to and from country of residence and the United States.

- Limits:* Maximum Major Medical Benefit: \$250,000.00
- Maximum Out-of-Pocket Expense: \$ 2,000.00
- Emergency Medical Evacuation \$ Unlimited
- Repatriation of Remains \$ Unlimited
- Co-pay \$15.00 Participating Doctor (80% coverage nonparticipating)
- \$50.00 Emergency Room (80% coverage nonparticipating)

*** Read brochure: other benefits and limits available upon request; subject to change**

Costs: (choose one)

- _____ School year (August-May) \$ 920.00
- _____ Full year (August-August) \$1104.00

FILL OUT FOR SCHOOL INSURANCE AND RETURN

(Make check out to) **CHRISTAIN UNIFIED SCHOOL OF SAN DIEGO, Inc.**
For INTERNATIONAL STUDENT HEALTH INSURANCE
The LEWER AGENCY, Inc. Insured by: **GENERAL AMERICAN LIFE, INS. Co.**

Use **BLACK** ink _____ 10 months = \$920.00
Use **BLOCK** letters Enrollment Year _____ 12 months - \$1104.00

Period of Coverage: # of Months _____ for Fall _____ Winter _____ Spring _____ Summer _____

Type of payment: Cash _____ Check _____ Wire _____ Amount Received _____ Date Received _____

Student Name _____ School ID # _____ Home Country _____

Gender: Male _____ Female _____ Date of Birth (MM/DD/YEAR) _____ USAPhone# _____ Cell _____

USA Address _____ City _____ State _____ Zip _____

NOTICE TO Student: 1) Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless or otherwise stated in the Master Policy. 2) **By signing, the student acknowledges that He/She has received a copy of the policy and accepts the stated coverage and exclusion.**

Received By -Student Signature: _____ Date _____

_____ **Option 2: Family purchased International Medical Insurance valid in the United States must be of equivalent value to school offered policy. American citizens must use this option.**
Policies will be evaluated and will not be accepted if not of equal or greater coverage as school offered policy.

- Travel Insurance is not an acceptable form of health insurance
- Examples of policies not accepted: AIG/AUG Insurance – Japan, Korea
Mitsui Sumitomo Insurance – Japan, ICICI Lombard General Insurance- India
Bajaj Allianz Insurance - India

School Health Insurance Waiver Statement Form
Christian Unified School of San Diego
International Students

School Year Dates _____

Student Name _____ Birthday _____

Home Country Address _____

Parents/Guardian Full Names _____

Home Phone _____ Cell phone _____

Please provide the following information that your policy MUST provide:

Name of Insurance Company _____ Policy number _____

In case of emergency Company Address: _____

In case of emergency Company Phone: _____

Effective date of coverage: Starting date _____ Ending/expiration date _____

Maximum dollar coverage for each illness or injury (minimum \$250,000) _____

Copayment (max 25%) and out of pocket (max \$2000) _____ / _____

Medical evacuation benefit (minimum \$50,000) _____

Repatriation benefit (minimum \$25,000) _____

Attach a copy of the following, in English: 1. Covered Services

2. Provide proof of coverage in the form of either insurance card or copy of policy with the student's name and effective dates noted. Coverage must be for the length of time the student is attending school.

3. Lower Agency waiver affidavit

I certify that all the information provided on this form refers specifically to the student whose name appears above on the "Student" line and is true and correct.

I understand that my student must have full coverage while a student at Christian Junior/Senior High School and will keep insurance coverage valid and notify CHS of any changes in company or policy.

Signature Parent or Designated Guardian

Date