**Health Insurance Waiver Request**

**\*\*\* Please note that your health insurance should cover you while studying abroad \*\*\***

**Student Information**

|  |  |
| --- | --- |
| Name |  |
| Home Institution |  |
| Email Address |  |

**Insurance Information**

|  |  |
| --- | --- |
| Insurance Co. Name |  |
| Policy Number/ Member ID |  |
| Claim Address |  |
| Claim City |  |
| Claim State |  |
| Claim Zip |  |

**Subscriber Information**

|  |  |
| --- | --- |
| Name |  |
| Birth Date (Must be: MM/DD/YYYY) |  |
| Relationship (spouse, self, etc.) |  |
| Address |  |
| City |  |
| State |  |
| Zip |  |

**I do not want the SEOULTECH Health Insurance Plan. I certify that I have comparable coverage as indicated above, which will be in force for the academic term. I agree to provide for any medical expenses I incur and I understand that I am NOT entitled to pursue benefits from the SEOULTECH health insurance plan.**

---------------------------------------------- Name

----------------------------------------------- SIGNATURE

----------------------------------------------- DATE