



HIGH POINT UNIVERSITY

Office of Student Accounts

International Health Insurance Waiver Form

Your health and safety is our number one priority. As a condition of enrollment you are required to maintain health insurance and provide evidence of a primary insurance policy. Students without primary health insurance are required to enroll and purchase the health insurance plan offered by High Point University. Our plan is the Lewermark international policy. Detailed information about the plan is available at www.lewermark.com/highpoint

If you wish to opt out of the Lewermark International policy, please provide the information listed below.

(Please print name)

(Student ID #)

I request that I be **exempt** from the Lewermark International policy. To be exempt from the plan, the student must be covered under a comparable plan:

Plan Name: _____

Subscriber Name: _____

Relationship to Student: _____

Policy/ID #: _____

- 1) My plan is currently in force and will remain in force until (date): _____
- 2) The plan provides both emergency and non-emergency health care in the United States of America.
- 3) I certify that I have a medical insurance plan in place and that I will assume financial responsibility for all medical charges I incur in the event that my insurance plan does not provide payment.

By signing below, I agree that the above statements are true, and choose to waive coverage of High Point University Student Insurance plan and assume all financial responsibility for all medical charges I incur in the event that my insurance plan provided on this document does not provide payment.

(Signature of Student)

Deadline to submit form is September 1st, 2020

Please email form to: minch@highpoint.edu

Or Fax form to 336-888-6384