

Pace University International Waiver Application

Deadlines are:

**September 25, 2020 for Fall/Annual and
February 10, 2021 for Spring**

International Student Medical Insurance 2020-2021

Students who maintain other insurance coverage and wish to waive the Pace University sponsored health insurance plan need to complete and sign the following form.

This form must be completed for each new academic year before the deadline.

Read the statement of acknowledgement carefully. The statement indicates that while you are enrolled at Pace University it is your responsibility to maintain health insurance coverage for yourself and that your plan must meet Pace University's requirements. It is also your responsibility to update your insurance coverage if the Pace University requirements change and to submit this form each time you renew your policy or change insurance carriers or plans.

Pace University Minimum Coverage Requirements:

- ☐ While enrolled you are required to have health insurance.
- ☐ Health insurance coverage must be minimum of \$250,000 per accident/illness.
- ☐ Repatriation at a minimum of \$50,000.
- ☐ No waiting period for pre-existing conditions. (Your plan cannot exclude coverage for any pre-existing condition.)
- ☐ Policy must also be effective for the time that you enter Pace University until you exit.

Waiver Term ☐ Fall Only ☐ Annual ☐ Spring/Summer ☐ Summer

Students Name _____

Student ID _____

Student Email Address _____

☐ Please check here if you will be studying from your home country this semester, if so you need only to sign the form and return the form to The Allen J. Flood Companies, Inc. by email to pace@ajfusa.com or fax to 914.922.9212. ***you will be required to complete another form upon your return to US to study at pace University.**

If you are studying at Pace in the U.S. please complete the remainder of the form and return along with a copy of your insurance policy in English and U.S. Dollars to The Allen J. Flood Companies, Inc. by email to pace@ajfusa.com or fax to 914.922.9212.

You will receive an email reply from the plan administrator stating if your waiver was accepted or declined.

Visa Status _____

Name of Insurance Company _____

Policy Number _____

Name of Policyholder _____

Relationship to student _____

By signing this waiver form you acknowledge your understanding and acceptance that any and all medical charges that you may incur under your own insurance policy will solely and exclusively be your responsibility.

Student Signature _____

Date _____