



**Health and Accident Insurance Waiver
Canadian Students
2016/2017**

As a Canadian student, you are required to provide a copy of your valid Provincial Health Card (both sides) verifying you are covered under your province’s health care program. You are responsible for updating the Registrar’s Office of any changes to your health card or eligibility. Failure to do so could result in jeopardization of your F-1 student status.

Lake Superior State University highly recommends that you purchase adequate health insurance coverage while in the U.S. The Ontario Ministry of Health states: “If you have a valid Ontario Health card, you are entitled to certain benefits when outside of Canada. But, because coverage for out-of-country health care services is limited, you should purchase supplementary insurance.” One option available for purchase is an accident and sickness plan through GeoBlue. LSSU does not endorse this plan but simply makes it available for students. Information regarding this plan is available at the LSSU Health Care Center and online at: www.geo-blue.com.

Request to Waive Purchase of Health and Accident Insurance

I confirm that I am attending Lake Superior State University as a Canadian student. I am covered under my province’s health care plan. I understand that many health services outside of Canada can cost much more than the health insurance plan that I am currently enrolled in is willing to pay. I understand that I am liable for any difference in cost should I have to access any health care services while in the U.S. I fully understand the limitations and coverage of my province’s health plan while in the U.S.

I understand that I am liable for any medical costs that are incurred. I am fully aware of the limitations of my province’s health care coverage while in the U.S. I request to waive out of purchasing additional accident and health insurance.

I understand that this waiver is only valid for the 2016/2017 academic year. Proof of health and accident insurance must be submitted to the Registrar’s Office by **August 15th** for each academic year.

A copy of my provincial health card (front and back) is attached

Signature _____ **Date:** _____

(Please Print)

Student ID: _____ Cell Number: _____ Home Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Foreign Address: _____ US Address: _____

