

International Student Health Insurance Waiver Form

This form is to be used by international students who have health insurance in his or her home country or dependent coverage in the USA, that can be used in the United States. This form must be submitted along with a copy of the health insurance policy.

CCS Student ID Number
Name: _____

Family Name

First/Given Name

Email: _____ Telephone: _____

Date of Birth: _____

Number of F-2 Dependents _____

Read the statement below, sign and date. An electronic signature is acceptable.
I understand that I must maintain this health insurance while I am an F-1 student at CCS. Failure to do so will result in a failure to comply with CCS policy and regulation for international students and may jeopardize my status as an F-1 student.

Signature _____ **Date** _____