

International Student Health Insurance Waiver

Academic Year 2025-2026

Undergraduate international students at Saint Michael's College are automatically enrolled in, and billed the premium for, the College's student health insurance plan. Students already enrolled in health insurance coverage that is valid in the United States and that meets the College's minimum requirements may request to waive the coverage provided by Saint Michael's. A representative from your health insurance provider must complete Section 2 below to verify that your insurance meets the minimum requirements.

Section 1: To be completed by student

I am requesting a waiver of the Saint Michael's College Student Health Insurance Plan and affirm that I have existing coverage which is valid in the United States through at least August 12, 2026 and which provides at least the minimum coverage specified below. I have reviewed my existing policy to ensure that it provides satisfactory coverage for services, pharmacies and providers located in Vermont, especially providers within the University of Vermont Medical Center network. I understand that I may be liable for any and all payments that my policy does not cover and will be responsible for submitting claims to my health insurance company directly and may need to pay out-of-pocket expenses at time of service.

Family Name/Last Name:

Given name/First Name:

SMC ID:

Date of Birth (mm/dd/yyyy):

Student Signature:

Date:

Section 2: Verification by health insurance provider

By signing below, I certify that the above-named student has health insurance coverage that will be valid in the United States from August 13, 2025 through August 12, 2026. The student's health insurance plan meets the following minimum requirements: \$100,000/accident or illness; \$25,000 repatriation fee; \$50,000 medical evacuation; and \$500 deductible/accident or illness.

Name of person completing form:

Health insurance company name/address:

Signature:

Date:

International Student: Please return this form to the Director of International Student and Scholar Services, at ryargici@smcvt.edu by August 18, 2025 to request a health insurance waiver. You will be notified by Student Financial Services whether your waiver has been granted. If a waiver is not approved, you are responsible for payment of the 2025-2026 SMC Student Health Insurance Plan premium billed to your student account.

****Completion of this form does not guarantee a waiver of the College's health insurance plan and is subject to approval by the PDSO/RO. ****