



# INSURANCE INFORMATION

**There are 2 options available for International Student Insurance coverage. Please read carefully and choose Option 1 below or Option 2 on the reverse side of this form. Do not choose Option 2, if the policy does not meet the requirements listed.**

Student Name \_\_\_\_\_ Birthday \_\_\_\_\_

Home Country Address \_\_\_\_\_

Parents/Guardian Full Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Option 1: School International Insurance\* Not for American Citizens**

Coverage: You may purchase 24-hour coverage (except home country) while outside home country, including travel directly to and from country of residence and the United States.

- Limits:\* Maximum Major Medical Benefit: \$250,000.00
- Maximum Out-of-Pocket Expense: \$ 2,000.00
- Emergency Medical Evacuation \$ Unlimited
- Repatriation of Remains \$ Unlimited
- Co-pay \$15.00 Participating Doctor (80% coverage nonparticipating)
- \$50.00 Emergency Room (80% coverage nonparticipating)

**\* Read brochure: other benefits and limits available upon request; subject to change**

Costs: (choose one)

- \_\_\_\_\_ School year (August-May) \$ 920.00
- \_\_\_\_\_ Full year (August-August) \$1104.00

**FILL OUT FOR SCHOOL INSURANCE AND RETURN**

(Make check out to) **CHRISTIAN UNIFIED SCHOOLS OF SAN DIEGO, Inc.**  
For INTERNATIONAL STUDENT HEALTH INSURANCE  
**The LEWER AGENCY, Inc.** Insured by: **GENERAL AMERICAN LIFE, INS. Co.**

Use **BLACK** ink 10 months = \$ 920.00  
Use **BLOCK** letters 12 months = \$1104.00

Enrollment Year \_\_\_\_\_

Period of Coverage: # of Months \_\_\_\_\_ for Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Type of payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Wire \_\_\_\_\_ Amount Received \_\_\_\_\_ Date Received \_\_\_\_\_

Student Name \_\_\_\_\_ School ID # \_\_\_\_\_ Home Country \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth (MM/DD/YEAR) \_\_\_\_\_ USAPhone# \_\_\_\_\_ Cell \_\_\_\_\_

USA Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NOTICE TO Student:** 1) Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless or otherwise stated in the Master Policy. 2) **By signing, the student acknowledges that He/She has received a copy of the policy and accepts the stated coverage and exclusion.**

Received By -Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **Option 2: Family purchased International Medical Insurance valid in the United States must be of equivalent value to school offered policy. American citizens must use this option.**

Policies will be evaluated and will not be accepted if not of equal or greater coverage as school offered policy.

- Travel Insurance is not an acceptable form of health insurance
- Examples of policies not accepted: AIG/AUG Insurance – Japan, Korea  
Mitsui Sumitomo Insurance – Japan, ICICI Lombard General Insurance- India  
Bajaj Allianz Insurance - India

**School Health Insurance Waiver Statement Form**  
**Christian Unified Schools of San Diego**  
International Students

School Year Dates \_\_\_\_\_

Student Name \_\_\_\_\_ Birthday \_\_\_\_\_

Home Country Address \_\_\_\_\_

Parents/Guardian Full Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Please provide the following information that your policy MUST provide:**

Name of Insurance Company \_\_\_\_\_ Policy number \_\_\_\_\_

In case of emergency Company Address: \_\_\_\_\_

In case of emergency Company Phone: \_\_\_\_\_

Effective date of coverage: Starting date \_\_\_\_\_ Ending/expiration date \_\_\_\_\_

Maximum dollar coverage for each illness or injury (minimum \$250,000) \_\_\_\_\_

Copayment (max 25%) and out of pocket (max \$2000) \_\_\_\_\_ / \_\_\_\_\_

Medical evacuation benefit (minimum \$50,000) \_\_\_\_\_

Repatriation benefit (minimum \$25,000) \_\_\_\_\_

**Attach a copy of the following, in English:**

1. Covered Services
2. Provide proof of coverage in the form of either insurance card or copy of policy with the student's name and effective dates noted. Coverage must be for the length of time the student is attending school.
3. Lower Agency **waiver** affidavit

I certify that all the information provided on this form refers specifically to the student whose name appears above on the "Student" line and is true and correct.

I understand that my student must have full coverage while a student at Christian Junior/Senior High School and will keep insurance coverage valid and notify CHS of any changes in company or policy.

\_\_\_\_\_  
Signature Parent or Designated Guardian

\_\_\_\_\_  
Date