



UCLA EXTENSION
INTERNATIONAL STUDENT OFFICE
10995 LE CONTE AVENUE, SUITE 118
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HEALTH INSURANCE WAIVER FORM

Policy for F-1 International Students who have their own health insurance

As a condition of enrollment at UCLA Extension, all F-1 international students are required to have adequate medical insurance coverage while in F-1 status. UCLA Extension also requires medical insurance for dependents (F-2 visa holders).

UCLA Extension makes a health insurance policy available for you to purchase every quarter. We have identified a policy that provides you with the most comprehensive coverage at the best price.

If you do not purchase our insurance, please be aware that the insurance you purchase may not provide the same level of coverage. Please note that we cannot help you in your search for a health insurance company. If you have any questions, please contact the alternate health insurance company directly if they meet the qualification below.

To qualify, the medical insurance plan you purchase:

Must be a medical/health insurance plan purchased in the U.S. with a U.S.-owned insurance company that is headquartered and operating in the U.S.

It must not be foreign insurance with U.S. affiliates/representatives, travel insurance, or reimbursement programs of any kind. These are not acceptable. This includes reimbursement arrangements of vouchers from home governments or their U.S. based consulates.

If you choose to purchase your own health insurance plan, please do the following:

1. Sign the statement below and return this form to the International Student Office
2. Submit a copy of your health insurance card (front and back) or policy showing your full name and the coverage dates.
3. Submit a list of your health insurance company’s preferred provider network of local hospitals.

Statement: I understand that I am fully responsible for my own medical/health insurance coverage during the entire period that I am an F-1 international student at UCLA Extension.

I also understand that I will be responsible for renewing my health insurance if it expires while I am still in F-1 visa status.

FAMILY NAME: _____ FIRST NAME: _____

SIGNATURE: _____ DATE: _____