



## International Student Health Insurance Agreement

All international students who study in the United States must be covered by the medical insurance that covers medical expenses in the U.S. ***The medical costs in the U.S. are very expensive.*** It is very important that you have the insurance coverage in case of unexpected illness and injuries.

As F-1/M-1 international student, you must carry the valid health insurance while you maintain your visa status - while you are enrolled in classes, during a vacation quarter, AND during OPT (Optional Practical Training).

Clover Park Technical College offers the health insurance through ***Firebird International Insurance Group, LLC***. The current insurance premium for 2010-2011 is **\$258.75** per quarter (three months), which is charged automatically upon registration.

Not all medical treatments/prescription drugs are covered by this insurance. Please read the ***Blanket Student Accident & Sickness Plan*** (the insurance booklet) carefully and familiarize yourself with which treatments are covered under the insurance. Please do not hesitate to ask if you have any questions.

If you have your own health insurance from your country (or from your OPT employer), the quarterly insurance fee will be waived, but it is strongly recommended that your own insurance has an equal (or better) coverage to the insurance offered by the College. Please submit a copy of your insurance card/document to International Program Office as a proof of insurance coverage.

Please check the box, sign and date below:

- I need the health insurance from CPTC
- I have my own insurance and will submit a proof

I, (print name) \_\_\_\_\_, understand that all international students must carry the valid health insurance while studying in the United States. I agree to pay the insurance fee each quarter, or keep my own insurance valid, while I am enrolled, while I'm on a vacation quarter and while I'm on OPT. When my own insurance expires, I will renew it in a timely manner and submit a copy of the new insurance card/document to International Program Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date