



SAINT MARTIN'S UNIVERSITY

**PETITION FOR WAIVER
International Student Accident & Sickness Insurance**

Semester

Year

Student Name

Student ID number

Saint Martin's University advises all international students to carry health insurance and requires evidence of coverage.

I understand that by requesting a waiver, I have major medical coverage for the current academic year. I hereby agree to provide for any medical expense incurred and I am **not** entitled to pursue benefits from Saint Martin's University International Student Health Insurance Program.

I agree that in the event of any claim for medical expense, I, my heirs, executors, administrators or assigns shall indemnify and save harmless Saint Martin's University from any and all claims or causes of actions by whomever or wherever made or presented for medical expenses.

Student signature

Date

Name of current insurance company

Policy number

Name of policy holder (if other than student)