

**Atlanta International Insurance Company**

**MONROE COMMUNITY COLLEGE INTERNATIONAL STUDENT  
ACCIDENT AND SICKNESS INSURANCE  
WAIVER FORM- 2019-2020**

Monroe Community College's policy requires each student to pay a *Student Accident and Sickness Insurance* premium charge for mandatory health insurance, unless she/he satisfactorily demonstrates possession of appropriate and adequate coverage under a valid and comparable insurance policy. The College will remove the Student Accident and Sickness Insurance premium charge from your tuition bill **only** if you satisfactorily demonstrate coverage under another insurance policy. Your policy must:

- Cover Incurred Medical Expenses For Both Accidents And Sicknesses At A Minimum Of \$250,000.
- Cover Repatriation And Medical Evacuations At A Minimum Of \$50,000 Each.
- Have A U.S. Based Address For Claims.
- Be Effective From The Time That You Enter MCC Until You Exit.
- Your Policy Cannot Have Any Pre-Existing Or Sport Exclusions Clauses

By signing this waiver form, you acknowledge your understanding and acceptance that any medical charges that you may incur from your own policy will solely and exclusively be your responsibility for any and all such expenses.

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**Complete this waiver form and send it with a copy of your insurance policy in English and in U.S. dollars to The Allen J. Flood Companies, Inc.:**

- By email to [mcc@ajfusa.com](mailto:mcc@ajfusa.com), or fax to 914.922.9212
- Or mail to: Two Madison Avenue, Larchmont, NY 10538, attention: Monroe Community College International Student Plan,
- No later than August 15, 2019 for annual coverage or January 15, 2020 for new students enrolling in the spring semester. You will receive an email reply from the plan administrator stating if your waiver was accepted or declined.

**Student Information**

1. Student's Last (Family) Name: \_\_\_\_\_
2. Student's First (Given) Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_
3. MCC Student ID#: \_\_\_\_\_
4. U.S. Address(Please Do Not Provide Foreign Address):  
\_\_\_\_\_
5. Visa Status of Insured Student: \_\_\_\_\_
6. Waived for: Annual: \_\_\_\_\_ Spring/Summer: \_\_\_\_\_

**Other Insurance Information (Must Be Completed)**

7. Name of Insurance Company: \_\_\_\_\_
8. Policy #: \_\_\_\_\_
9. Name of Policyholder: \_\_\_\_\_
10. Relationship to Insured: \_\_\_\_\_
11. Visa Status of Policyholder: \_\_\_\_\_
12. **Student Email:** \_\_\_\_\_
13. **Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_
14. **Signature of Policyholder, If Other Than The Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_