



Insurance Information

There are two options available for International Student Insurance coverage. Please read carefully and choose either **Option 1** below or **Option 2** on the back of this form.

Do not choose option 2 if the policy does not meet the requirements listed.

Student Name _____ Date of Birth _____

Home Country Address _____

Parents/Guardian Full Names _____

Home Phone _____ cell phone _____

____ Option 1: International Student Accident and Sickness Insurance

Coverage: You may purchase 24 hour coverage while in the Unites States, including travel directly to and from country of residence and the United States.

Available through ism (Independent School Management) <https://isminc.com>

(Choose insurance – then international student accident)

Levels of available coverage:

[Bronze Plan](#) \$68/mo.

The policy pays:
(All percentages specified below are based on the customary charges incurred, except as stated otherwise.)

[Silver Plan](#) \$92/mo.

The policy pays:
(All percentages specified below are based on the customary charges incurred, except as stated otherwise.)

[Gold Plan](#) \$112/mo.

The policy pays:
(All percentages specified below are based on the customary charges incurred, except as otherwise.)

Accidental Death and Dismemberment Principal Sum	\$10,000	\$10,000	\$10,000
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Accident and Sickness Medical Expense Benefit, Maximum per policy term, per lifetime	\$250,000	\$250,000	\$500,000
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Interscholastic/Intercollegiate Sport Maximum per person	\$10,000	\$10,000	\$10,000
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____ Option 2: Family purchased International Medical Insurance valid in the United States. This policy must be equivalent to the insurance offered through ism policies. 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
Washtenaw Christian Academy
International Students**

School Year Dates _____

Student Name _____ Date of Birth _____

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 _____

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. ISM Insurance Inc. waiver affidavit

I certify that all the information 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 Washtenaw Christian Academy and will keep insurance coverage valid and notify WCA of any changes in company or policy.

Signature of Parent or Designated Guardian

Date