Canterbury School

Student Health Insurance Waiver
United Health Care Insurance Company, Dallas, TX
2019-2020

Student Name _____	
Birthdate _____	Gender _____
Student ID # _____	Country _____

The cost of medical services in the United States is high and families need coverage which is acceptable to local hospitals, clinics and other practitioners. To assure that international families meet this financial responsibility, the School requires all international families without comprehensive medical insurance to purchase Student Health Insurance ("Student Injury & Sickness Plan").

Your child's account has been charged a premium of $2,090.00 for United Health Care's 12 month plan (8/15/19 – 8/14/20). Please note that this plan is a network plan, but the student is covered anywhere in the world (not just while on campus).

Certificates with further details will be issued to every participant along with a personal identification card.

You have the option to decline any Student Health Insurance if you have adequate health insurance coverage for your child. **If you choose to decline United Health Care's policy, please indicate below by checking the appropriate box and signing and returning this form along with proof of insurance to the Canterbury School Business Office.**

Please check the box below if you choose not to enroll in United Health Care Insurance Plan.

- ☐ I choose **not** to enroll in United Health Care Insurance Plan. Proof of insurance accompanies this waiver in order to waive the insurance.

_____ _____

Parent or Guardian's Signature Date

The premium will be billed and payable by July 31, 2019.

Business Office
Canterbury School
101 Aspetuck Avenue
New Milford, CT 06776