



RIDER
UNIVERSITY

Center for International
Education

**Student Health Insurance Waiver Form
FOR MATRICULATED STUDENTS**

Please fill out this form and attach your policy for review. All policies must be in English and submitted to the Center for International Education no later than the 1st week of classes at the beginning of your studies at Rider University.

Student's Name: _____

Bronc I.D. # _____

Insurance Company Name: _____

Insurance Company Address: _____

Subscriber (who bought the policy): _____

Insurance I.D. # _____ Group #: _____

SACM Students: Please submit **Financial Guarantee Letter** from the Saudi Cultural Mission to confirm your health coverage

By submitting this form I am requesting that the attached policy be reviewed and that said policy meets the following thresholds:

- Accident and sickness coverage **UNLIMITED**
- Medical evacuation up to \$50,000 USD
- Repatriation of remains up to \$25,000 USD

Student Signature: _____

Date: _____

Center for International Education office use only

Received on: ___/___/____ Processed on: ___/___/____

Authorized by: _____