

Health Insurance Waiver Form

For students participating in the Singapore Summer Session 2015
at UNLV, Main Campus

This form is to certify that I, the undersigned, have chosen to waive UNLV supplemental health insurance. I have elected to provide my own insurance coverage for the duration of my studies at the UNLV Las Vegas/Main Campus.

I understand that by paying the student health fee I am eligible to visit a doctor in the UNLV Health Center at no charge for basic medical needs. I understand there may be additional charges for any extra medical services, supplies or lab work. By waiving insurance coverage provided by UNLV, any additional fees charged by the Health Center will be at my own cost.

I understand that the Health Center hours during summer session as follows:

- Monday-Thursday: 8:00am - 6:00pm
- Friday: 9:00am - 5:00pm
- Closed Holidays and weekends.

Should I need to seek medical attention outside of the Health Center's hours, it will be my responsibility to verify that my alternate insurance will provide adequate coverage for those services

I have read and understand the information listed on this form. I certify that my health insurance coverage is in effect and will remain in effect for the duration of my study in the United States. I understand that I am legally responsible for my own medical expenses and all fees incurred and UNLV and OISS are not responsible for such expenses.

Student Name: _____ NSHE: _____

Student Signature: _____ DATE: _____