



Dear International Student:

Please be advised that you may purchase a health insurance policy other than the insurance provided by MPC. The outside insurance benefits must be comparable to what MPC provides for international students and you must follow the strict guidelines provided below in order for your insurance to be approved by the International Office. Under new regulations, ACA (Affordable Care Act), your health insurance must meet the federal regulation requirements.

- The health insurance must be a U.S. based company; meaning, if it is a foreign insurance company, they must have an office in the U.S.
- The attached Health Insurance Affidavit must be completed and signed by the insurance agent working for the insurance company and be presented to the International Student Office at least one week before you register for your classes, for approval.
 - If not, and you register prior to approval of your new insurance, you will automatically be paying for MPC insurance. Therefore you will have to request a refund from the outside insurance, or you will have two insurances.

Please notify the ISP office as soon as possible if you will be using a health insurance plan that is not provided by MPC. If you have any questions feel free to contact International Student Programs at (831)645-1357 or internationalcenter@mpc.edu.

Sincerely,

The International Student Program



Health Insurance Affidavit *(Please type or print legibly in ink)*

| | | | |
|-------------------------------------|--|-------|--|
| Insured's Last Name, First Name, MI | | | |
| MPC Student ID Number | | | |
| Address (Home) | | | |
| | | | |
| Address (US) | | | |
| | | | |
| Home Telephone Number | | Email | |

| | | | |
|--------------------------|--|------------------|--|
| Insurance Company's Name | | | |
| Address | | | |
| | | | |
| Phone Number | | | |
| Policy Number | | | |
| Effective date: | | Expiration Date: | |

By signing below, I affirm that the person named above is covered by the health insurance policy described above, and that the policy's benefits match or exceed all of the following criteria:

- Policy Year Maximum - Unlimited
- Medical Evacuation minimum of~ Unlimited
- Repatriation of remains minimum of ~ unlimited
- Coverage pre-paid for the entire academic year, unless the student is transferring the next semester
- Minimum 75% co-insurance for each accident or illness
- No Capped Benefits e.g. \$1,200 per day for Hospital Room
- Maximum annual deductible of \$100 per policy year
- Maximum out of pocket expenses \$5,000 / year
- Pre-Existing Clause – Waived

Representative of the Insurance Company

Name: _____ **Title:** _____

Signed: _____ **Date:** _____

Any falsification or misrepresentation, whether intentional or otherwise, could result in the insured's dismissal from MPC. The insured individual named above is legally responsible for his/her medical, repatriation and evacuation expenses, and MPC assumes no responsibility for any medical treatment, repatriation or evacuation.

Please Deliver completed form by Hand, FAX or Mail to:

International Student Programs
Monterey Peninsula College
980 Fremont Street Monterey, CA 93940

Email: internationalcenter@mpc.edu
Phone: (831) 645-1357
Fax: (831) 645-1390