

IVC Health Insurance Exemption Request: FALL 2022

Provide all of the requested information; incomplete or illegible applications will NOT be processed. Deadline: **August 31, 2022**

- Please email ALL requested documents to: dchang24@ivc.edu. Deadline to receive documents is August 31, 2022. Requests received after this date will not be processed.
- **Emails must be sent from student's "@ivc.edu" email; personal emails are NOT accepted.**
- **Students currently OUTSIDE the US** (submit 2 documents below):
 1. IVC Health Insurance Exemption Request Form: Completed and e-signed.
 2. I-94 Travel History: verifying departure date from the USA. To be obtained at: <https://i94.cbp.dhs.gov/i94/>. Click on "View Travel History" and submit this document.
- **Students currently INSIDE the US** (submit 2 documents below):
 1. IVC Health Insurance Exemption Request Form: Completed and e-signed.
 2. Copy of PURCHASED plane ticket with US departure date on or before August 22, 2022.
- IF approved, registration holds will be removed within 24 hours. Refund requests will be sent to Relation Insurance Services for processing within 7 days of approval. Refunds are applied to the credit card used for your insurance purchase.

First Name: _____ Last Name: _____

IVC ID Number: _____

IVC Email Address: _____

On What Date Did you or Will You Depart the US (Month/Day/Year): _____

Overseas Country Location: _____

Anticipated Return Date to the US (Month/Day/Year): _____

I have purchased insurance and need a refund

I have not purchased insurance and need the hold removed from MySite

My signature below confirms that the above information is complete and accurate. I confirm that I am currently outside of the United States OR will depart the US on the listed date AND do not intend to return to the United States before December 20, 2022.

I have been informed by the IVC International Student Program that if I return to the United States before December 20, 2022, I am required to purchase the month-to-month IVC health insurance being offered by Relation Insurance Services during COVID-19. I understand that when I am in the United States, health insurance is a requirement of my F-1 status at Irvine Valley College.

My signature below confirms that I am waiving any and all legal liability of Irvine Valley College and the South Orange County Community College District for my decision to waive the health insurance coverage during the fall 2022 semester.

Signature: _____ Date: _____

IVC Office Use Only: Received: _____ Approved: _____ Approval Date: _____