

International Student Service Office
Email: international@lamar.edu

DEPENDENT HEALTH INSURANCE AGREEMENT

Student _____ LUID _____

Dependent: _____ Relationship _____

Dependent: _____ Relationship _____

Dependent: _____ Relationship _____

Effective May 23, 2013, F-2 dependents will no longer be required to purchase health insurance (AHP).

While we strongly recommend AHP as your dependent(s) health care provider, you now have the option of choosing a more affordable health insurance plan that is more cost efficient and will meet your health insurance needs.

As a condition of this agreement, you are required to abide by the following:

- ‡ Required to submit proof of health insurance coverage to the _____ (2013) to registration each academic semester.
- ‡ Required to notify the _____ immediately if the health insurance is cancelled or terminated for any reason.
- ‡ _____ health insurance is canceled or terminated.

I understand that by signing this form, I agree to the terms and conditions of this agreement. I also understand that this agreement applies only to my dependent(s) inside the US; therefore I am _____ provided.

Date: _____

Student: _____

Date: _____