



THE UNIVERSITY OF BRITISH COLUMBIA
 International Student Advising, UBC Life Building, Room 1200
 6138 Student Union Blvd
 Vancouver, BC V6T 1Z1



Opt Out Request Form

International Students who are funded by a third party and have a mandatory health insurance plan selected and purchased by the third party

Personal Information	
First Name:	Last Name:
Student Number:	Date of Birth:(mm/dd/yyyy)
Date studies will begin / began at UBC:	Program type: <input type="radio"/> Degree <input type="radio"/> Exchange (one term) <input type="radio"/> Exchange (two terms) <input type="radio"/> Other:
Telephone #:	
Email address:	

I would like to opt out because my studies are being funded by a third party where a mandatory health insurance has been selected, required and purchased on my behalf as part of that funding.

Student's signature: _____ Date: _____ (dd/mm/yy)

You must attach a copy of documentation for your existing health coverage such as:

- A copy of the policy ID card or
- A copy of the policy face sheet / declaration form and
- A copy of a letter from the third party funding your studies that shows they have selected, required and purchase a health insurance plan for you as part of the funding you will receive from them.

This form and supporting documentation must be submitted to the UBC iMED Coordinator by add/drop deadline (last day to drop courses without a W) as per the UBC calendar:

<http://www.calendar.ubc.ca/vancouver/index.cfm?tree=3,45,99,0> :

iMED Coordinator
 International Student Advising
 UBC Life Building, Room 1200
 6138 Student Union Blvd
 Vancouver, B.C.
 V6T 1Z1
 Tel: 604-822-5021
 Fax: 604-822-5099
 Email: isa@students.ubc.ca
 Website: www.students.ubc.ca/international