



THE UNIVERSITY OF BRITISH COLUMBIA
 International House, Main Office
 1783 West Mall
 Vancouver, BC V6T 1Z2



Opt Out Request Form

International Students who have a different mandatory health insurance plan through a sponsor-organization that is recognized by UBC.

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="checkbox"/> Degree <input type="checkbox"/> Exchange (one term) <input type="checkbox"/> Exchange (two terms) <input type="checkbox"/> Other:
Telephone #:	
Email address:	

I would like to opt out because my sponsor organization provided me with a different mandatory insurance.

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 or*
- *A copy of a letter from your sponsor-organization that shows detail of the health insurance that you have as part of your sponsorship.*

This form and supporting documentation must be submitted to the UBC iMED Coordinator by the end of the third week of classes:

iMED Coordinator
 International House
 The University of British Columbia
 1783 West Mall
 Vancouver, B.C.
 V6T 1Z2
 Tel: 604-822-5021
 Fax: 604-822-5099
 Email: international.house@ubc.ca