

International Student Opt-out Waiver Form (Out of Country) Instructions

**Please read all questions carefully. All mandatory fields must be completed before form will be accepted.

First Page Application

- Student ID Number and Student Name MUST be filled in (**Mandatory Fields**)

Question 1

- The name of the country you are residing or will be residing during Fall 2022 semester (**Mandatory Fields**)

Question 2

- You must select **YES** or **NO** (**Mandatory Fields**)
 - If you answered **YES**, go directly to answering Question 4 (Skip Question 3)
 - If you answered **NO**, you MUST complete all answers under Question 3.

Question 3

- Question 3.1: the name of the country will not be your home country or Canada (**Mandatory Fields**)
- Question 3.2: You must select **YES** or **NO** (**Mandatory Fields**)
 - ✚ Select **YES** if you have health insurance in the country (but not in your home country or in Canada); and continue to input the coverage period (date) on Question 3.3 (**Mandatory Fields**)
 - ✚ Select **NO** if you do not have health insurance in the country (but not in your home country or in Canada); and skip Question 3.3
- Question 3.3: input coverage period date if you have health insurance in the country (but not in your home country or in Canada) (**Mandatory Fields**)

Question 4

- You MUST give an explanation for why you are not residing in Canada during Fall 2022 semester (**Mandatory Fields**)

The screenshot shows a digital form with a yellow 'Start' button at the top left. The form contains the following fields and questions:

- Student ID: [text input]
- Student's Full Name: [text input]
- 1. Which country will you be or are you residing during the Fall 2022 semester? [text input]
- Note: *If you are in Canada, this form is not applicable to you. Please contact the Health Benefits Team to verify your eligibility to cancel your insurance by October 6, 2022: HealthBenefits@ugbc.ca*
- 2. Is the country from Question 1 your country of citizenship (home country)? Yes No
- 3. If you are NOT residing in your country of citizenship (home country) nor in Canada, please provide the following information:
 - 3.1. Which country will you be or are you residing during the Fall 2022 semester? [text input]
 - 3.2. Do you have health insurance in the country you are residing which is NOT your country of citizenship (home country)? Yes No
 - 3.3. If you have insurance, you must also provide the coverage period:
From (DD/MM/YYYY): [text input] To (DD/MM/YYYY): [text input]
- 4. Please provide a brief explanation on why you are not residing in Canada during the Fall 2022 term period.
Note: *as part of George Brown College's Covid-19 Readiness plan, international students travelling to Canada are required to have valid medical insurance coverage.*
[text input]

Second Page Application

- You MUST acknowledge (with your name at the top of the page) that you have read and understand the terms of applying for the insurance opt-out (**Mandatory Fields**)
- You MUST type your initials and click **Apply** to complete Initials session, which you are acknowledged concern Winter 2023 term waiver (**Mandatory Fields**)

I, (student's name) * [redacted] understand that by accepting the health insurance benefit refund/credit, I will NOT:

- Have health insurance coverage provided by Student Association of George Brown College from September 1, 2022 to midnight on December 31, 2022—in Canada or any other country.
- Be able to re-enroll in the Student Association of George Brown College health insurance benefit program until January 1, 2023
- Have any travel insurance should I leave my country of citizenship (home country), including to Canada, before January 1, 2023.

If I continue to study at George Brown College and do not reside in Canada during the Winter 2023 term, I will contact the Student Association Health Benefits via email at healthbenefits@sagbc.ca. I acknowledge that I will be required to submit a new waiver form for the Winter 2023 term by February 2, 2023.

Initial here: * Initials [redacted]

Type your initials

Close Apply

- The form MUST be signed, then enter your email address and the application date (**Mandatory Fields**)

Signature: * Click here to sign [redacted] Date (DD/MM/YYYY) * [redacted]

Email: * Enter your email address [redacted]

Type your signature here

Close Apply

- Don't forget to click on "Click to Sign" to submit your application after completing all requested session.

no exceptions made to the above

By signing, I agree to this agreement, the [Consumer Disclosure](#) and to do business electronically with SAGBC.

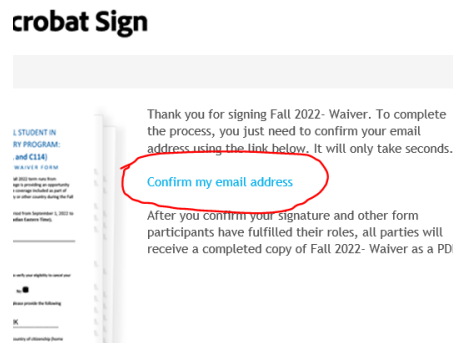
Click to Sign

- Almost there, just a few more steps!! An email from **Adobe Sign** will be sent to the email address you provided.

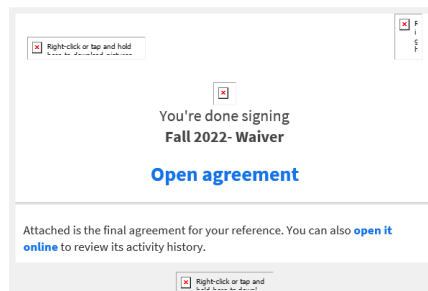
Just one more step

We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your signature on "Fall 2022- Waiver" until you've confirmed.

- Open the email received from Adobe Sign and click "Confirm my email address" link to complete confirmation.



- You will receive another email from Adobe Sign with the copy of signed the waiver form. Please keep this confirmation email of your application for your records.



***All instructions and steps must be followed, in order for your application to be submitted and reviewed successfully

***Please contact healthbenefits2@sagbc.ca if you have any questions concern the waiver application

Thank you!