



Medical and Accident Insurance Coverage Declination Form

INSTRUCTIONS

Use this form to officially decline, terminate or suspend Medical and Accident health Insurance provided by the Government of St.Maarten to study financing recipients

PERSONAL INFORMATION

FIRSTNAME: _____ LASTNAME: _____

PLACE OF STUDY: _____

REASON FOR DECLINING OR TERMINATING *(Check one)*

I was offered the Medical and Accident health Insurance provided by the Government of St.Maarten to study financing recipients. I am voluntarily declining this coverage and thereby releasing the Government of St.Maarten for any medical and accident insurance coverage liabilities and or responsibilities.

- I am covered under my parents' medical insurance plan.
- I am required to be insured under my schools medical insurance plan.
- I am covered under my employer's medical insurance plan.
- I want to arrange my own medical- and accident insurance plan.
- I am USA citizen and therefore exempted from the F-1 Visa requirements.
- Other reasons for declining:

Signing this form releases and discharges the Government of Sint Maarten and its affiliates, employees or representatives, in their individual and/or corporate capacities from any and all claims, liabilities, obligations, damages, known or unknown, has or ever had or may in the future have against Government of Sint Maarten arising out of or relating to Medical and Accident health Insurance.

SIGNATURE

Name (Please Print)	
Signature	Date
X	