

# 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.
- Other reasons for declining:

\_\_\_\_\_

## REASON FOR SUSPENDING *(Check one)*

*I aware that I am not eligible for medical and accident health coverage during the period of this suspension. I understand and agree that the Government of St.Maarten cannot be held liable or responsible for any medical and or accident claims.*

- I have suspended my study financing for \_\_\_\_ months.
- Other reasons for suspending:

\_\_\_\_\_

## SIGNATURE

Name (Please Print)	NAGICO Card handed in <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date
<b>X</b>	