

2011-2012 HEALTH INSURANCE WAIVER

STUDENT NAME _____ DATE _____

I acknowledge that I have read and understood the requirements (as described in the ECLA Student Health Insurance 2011-2012 information sheet) that I have to meet in order to waive the TK health insurance offered by ECLA as part of the comprehensive fee for the 2011-2012 academic year.

I hereby declare I meet these requirements (please check **one** applicable box below):

- As a German student, I am insured through my family. My *Krankenversicherungsnachweis* is attached.
- As a German student, I am insured through a private health insurance company. Copy of my *Bescheinigung über die Befreiung von der Versicherungspflicht*.
- As a student from a EU-country other than Germany, I am already insured in my country. Copy of my EHIC is attached.
- As a student from a EU-country other than Germany, I am already insured in my country. I will present my EHIC before or, at the latest, upon arrival at ECLA. I understand that, without a valid EHIC, I will not be able to enroll at ECLA.
- As a student from a non-EU country, I choose to be insured through a statutory health insurance company (other than TK) in Germany. Copy of my *Krankenversicherungsnachweis* is attached.
- As a student from a non-EU country, I choose to be insured through a statutory health insurance company (other than TK) in Germany. I will present my *Krankenversicherungsnachweis* before or, at the latest, upon arrival at ECLA. I understand that, without a valid *Krankenversicherungsnachweis*, I will not be able to enroll at ECLA.
- As a student from a non-EU country, I choose to be insured through a private health insurance company in Germany. Copy of my exemption confirmation (*Bescheinigung über die Befreiung von der Versicherungspflicht*) is attached.
- As a student from a non-EU country, I choose to be insured through a private health insurance company in Germany. I will present my exemption confirmation (*Bescheinigung über die Befreiung von der Versicherungspflicht*) before or, at the latest, upon arrival at ECLA. I understand that, without a valid exoneration confirmation (*Bescheinigung über die Befreiung von der Versicherungspflicht*), I will not be able to enroll at ECLA.

STUDENT SIGNATURE _____ DATE _____

FINANCIAL AID OFFICE: _____ _____ _____
