Student Health Benefit Plan
2010-2011 Waiver Request Form
for Students Learning Abroad

Students participating in a Learning Abroad experience who were enrolled in the Student Health Benefit Plan the previous term will automatically be enrolled in the Student Health Benefit Plan for the term of their Learning Abroad experience. To request a waiver from the University-sponsored Student Health Benefit Plan, submit this form to the Office of Student Health Benefits along with proof of coverage in the form of a Certificate of Active Coverage obtained from your insurance company. All eligible students must complete the waiver request process by the Twin Cities campus class registration deadline (this deadline can be found on the One Stop website). Please keep a copy of this form for your records.

A. Student Information

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial) (Please Print)</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Gender</th>
<th>U of M ID Number</th>
</tr>
</thead>
</table>

Street Address, City, State, Zip Code

Daytime Phone

Email Address

Campus (check one): ___ Crookston  ___ Duluth  ___ Morris  ___ Rochester  ___ Twin Cities

B. Acknowledgment

ACKNOWLEDGMENT: I acknowledge that if approved, this waiver will be valid for the term of my learning abroad experience.

CONFIDENTIALITY STATEMENT: This communication is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agents responsible for delivering the communication, you are hereby notified that any distribution or copying of this communication is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone and return the communication to us at the below address via the U.S. Postal Service.

Student Signature

Date Signed

FOR USE BY OFFICE OF STUDENT HEALTH BENEFITS

Total Cost

Effective Date

Approved By

Date Approved

Please submit to: Office of Student Health Benefits, 410 Church Street S.E., N323, Minneapolis, MN 55455. Fax: (612) 626-5183 or 1-800-624-9881. Please keep a copy of this form for your records. For more information, visit the Office of Student Health Benefits website at www.shb.umn.edu.