

MIU Student Health Insurance Agreement Form

Student name: Mayra Alejandra Pullupaxi Ataballo

Student ID: 615638

I am an international student enrolled in the MSCS program at Maharishi International University (MIU). I understand that I am required to have a standard health insurance plan as part of my program requirements. Currently, my monthly health insurance fee is being applied to my student account. Once I am employed, I do have the option to take the health insurance from my employer in place of the insurance plan coordinated by MIU. I do have the option to use a private health insurance in place of the MIU insurance. I understand that I must send a request to comprohealth@miu.edu to cancel my MIU health insurance.

Getting insurance through my employer or using private insurance:

If I choose to enroll in my employer/private health insurance plan, I must provide a copy of my health insurance ID card from my company/private insurance to MIU **by the cancellation deadline**, to cancel my MIU student health insurance at the next quarter (**Deadlines: Oct. 20, Jan. 20, April 20, July 20**). I must be enrolled with my employer/private health insurance plan at the time I send a copy of the ID card. I must contact Compro Health at comprohealth@miu.edu to request cancellation and for more information on how to cancel. When cancelling, billing **continues** for my full quarterly enrollment period (Aug 1 - Oct 31; Nov 1 - Jan 31; Feb 1 - April 30; May 1 - July 31).

Staying on the MIU health insurance plan:

I am currently enrolled in the MIU health insurance plan. If I do not provide proof of employer insurance as described above, **I understand that I will continue to be automatically enrolled in the MIU insurance***. I understand that MIU will continue to enroll me in the University's insurance plan for each 3-month billing cycle. I also understand that I will continue to be billed (either to my student account or to my bank checking account, depending on my employment and loan status) unless I provide the required proof of employer/private insurance. **I authorize MIU to deduct, by ACH from my bank checking account, the monthly insurance cost (currently \$292.00 per month per person, but this amount is subject to change Aug. 1st each year).** If my bank account changes, I agree that my insurance will be charged to my new bank account in place of the old bank account. ***Insurance enrollment is due to having U.S. Immigration status of non-resident F-1 or temporary EAD category.**

Monthly deductions will occur about the 15th day of the month. MIU will email me an invoice at the beginning of the month stating my payment due date and my method of payment (Student account, ACH, or Credit card).

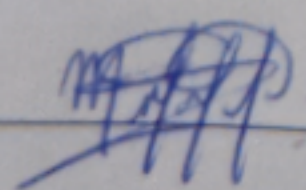
If my health insurance payment is returned for any reason, I agree that I will be charged a **\$50.00 fee each month this happens**. If I fail to provide an active account or have funds in my account at the 2nd attempt of payment, I will also have an **additional \$25.00 fee each time this happens** within a given billing cycle. I understand that I am required to pay for my MIU student health insurance plan each month I am enrolled, and any health insurance payments charged to my student account.

My monthly insurance cost may change once a year starting August 1st. That new amount will be charged to my checking account instead of the \$292 stated above. If I add my spouse and/or child(ren) to my insurance plan, I agree to have their costs deducted from my checking account. Spouse and/or child(ren) can only be added if the student is on the MIU student health insurance plan.

I understand that it is a program requirement that I make monthly payments on my health insurance. I also understand that it is my responsibility to have insurance either with MIU, my company, or private insurance. If I fail to meet any of these requirements, it will result in a disciplinary review regarding my standing in the MSCS program. **If I am unable to make a payment, I will contact MIU at least 30 days before my insurance payment is due and request payment assistance.**

MIU may change the terms of this health insurance agreement in the future, as necessary. You will be notified of any changes in a timely manner to keep you informed and to assist you in complying with program requirements.

Signature



11 - 22 - 2022
Date