

MIU Student Health Insurance Agreement Form

Student name:

Student ID:

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 MIU student account.

Other Insurance Option:

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 (**Deadlines: Oct. 20, Jan. 20, April 20, July 20**). I must send a cancellation request to comprohealth@miu.edu. 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:

If I do not request to cancel the MIU health insurance, I understand that I will continue to automatically be enrolled with the MIU insurance. I understand that MIU will continue to enroll me in the University's insurance plan for each 3-month quarter. I 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.

Authorization:

I authorize MIU to deduct, by ACH from my bank checking account, the monthly insurance cost. This monthly insurance premium is subject to change every August. 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.

Monthly deductions will occur on the 15th of the month.

If my health insurance payment is returned for any reason, I agree that I will be charged a **\$50.00 late fee**. If I fail to provide an active account or have funds in my account at the 2nd attempt of payment, I will have an **additional \$25.00** fee. I understand that I am required to pay for my MIU student health insurance plan each month I am enrolled. I understand that I will pay any health insurance fees that are applied to my student account.

Any dependent added to my insurance plan will have their costs deducted from my checking account. A request must be sent to comprohealth@miu.edu for dependent enrollment. Dependents are enrolled **only** by request.

I understand that it is a program requirement that I make monthly payments on my health insurance. I 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.

MIU may change the terms of this health insurance agreement at any time, as necessary.

Signature

Date