



International Student Service Office

Email: international@lamar.edu

DEPENDENT HEALTH INSURANCE AGREEMENT

Student _____ LUID _____

Dependent: _____ Relationship _____

Dependent: _____ Relationship _____

Dependent: _____ Relationship _____

Effective May 23, 2013, F-2 dependents will no longer be required to purchase health insurance coverage with Lamar University's (LU) current health insurance provider, Academic Health Plans (AHP).

While we strongly recommend AHP as your dependent(s) health care provider, you now have the option of choosing a more affordable health insurance plan that is more cost efficient and will meet your health insurance needs.

As a condition of this agreement, you are required to abide by the following:

- Required to submit proof of health insurance coverage to the Office of International Student Program and Services (OISPS) prior to registration each academic semester.
- Required to notify the OISPS immediately if the health insurance is cancelled or terminated for any reason.
- Required to purchase health insurance with LU's health insurance program if the current health insurance is canceled or terminated.

I understand that by signing this form, I agree to the terms and conditions of this agreement. I also understand that this agreement applies only to my dependent(s) inside the US; therefore I am required to purchase health insurance coverage for myself with LU's current health insurance provided.

Student: _____

Date: _____

ISSO Representative: _____

Date: _____