



IMPORTANT: READ CAREFULLY
*****OPT*****
HEALTH INSURANCE QUESTIONNAIRE

Students doing OPT are not required to purchase U.S. health insurance. However, you may continue your current coverage with an optional health insurance policy identical to the one required of our full time students. You are *strongly encouraged* to consider the benefits of this opportunity. Contact SVSU's Office of International Programs/OIP for related details: (989) 964-4473 or oip@svsu.edu.

Please complete this form and return it immediately as to whether or not you will need our health insurance.

NAME (Please Print): _____

D.O.B. (date of birth: MM/DD/YY): _____

SVSU ID #: _____

SVSU Start Term: _____

- G **NO**, I do not want to continue my health insurance while I am doing OPT. I accept full risk and full responsibility for any healthcare concerns or expenses which may arise during my stay in the U.S.

- G **YES**, I do want to continue my health insurance offered by SVSU while I am doing OPT. My SVSU Cardinal Direct account will be billed, typically within the first two weeks of the semester.

My OPT dates are _____ to _____.

(Signature)

(Date)

****This form must be completed and returned immediately. Keep a photocopy for your records.****

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