Insurance Verification Form

RELEASE, ASSUMPTION of RISK, WAIVER of LIABILITY, and AGREEMENT PERTAINING to MEDICAL INSURANCE

This document applies to both domestic and international students. Please read carefully before signing.

I, as an enrolled student at the New Mexico Institute of Mining and Technology (NMIMT), understand and agree that:

a) I am personally responsible for obtaining and maintaining a comprehensive accident-and-illness medical insurance policy at all times;

b) NMT bears no responsibility to contribute to or pay for any medical expenses incurred by me or by my dependents.

c) I further understand and agree that, in the event of incapacitating accident or illness, NMT is not responsible for and will not provide assistance with medical evacuation or repatriation of remains.

I have read this Release document carefully and understand its terms.

___________________________________
Student’s Name (please print)                  Student’s Signature                  Student Banner ID #                  Date

Parent/Guardian Signature (if student’s under 18)                  Date

MUST ATTACH A COPY OF YOUR MEDICAL INSURANCE DOCUMENTATION

Attending New Mexico Tech □ Spring □ Summer □ Fall 20___. Graduate or Undergrad (circle one)

□ Insurance Company Name: ___________________________ Policy Number: __________________

Effective Semester: ___________________ 20 ___

Email Address: ________________________________________________

NMT requires that you purchase insurance. You must have insurance for each semester you attend NMT.

You may use the company of your choice.

Blue Cross, ISO, Aetna and many others are available.

J1 INTERNATIONAL STUDENTS ONLY

As an international student in J1 status, I understand that the Department of State requires that I comply with regulations concerning medical coverage for myself and all my dependents while I am/we are in the United States. I further understand that New Mexico Tech is responsible for monitoring my compliance with this federal regulation. I therefore give my full consent to New Mexico Tech to make inquiries of my insurance carrier in order to make certain that my coverage remains adequate and in force.

I also hereby authorize my insurance carrier to release to New Mexico Tech information pertaining to my coverage (terms of policy, persons covered, and dates of coverage).

___________________________________
Student’s Signature                  Parent/Guardian Signature (if student’s under 18)                  Date

Witness                  Date

(07/06/2015)