

MANDATED HEALTH CARE AGREEMENT  
INTERNATIONAL STUDENTS ONLY

Dear Parent/Guardian:

Out of concern for the health and welfare of all our students, The Darrow School requires that every student be covered by a comprehensive injury and sickness plan, one that meets the high cost of medical services and is accepted by local providers and practitioners.

- **Please note that our health center will not accept medical insurance policies issued in a foreign country or from a company outside the United States.**

To help you meet your financial responsibilities we offer the following comprehensive plan:

PREMIER HEALTH PLAN

Provides primary, first dollar benefits for those of you who do not have any insurance or whose coverage is not accepted outside your geographical area. This plan will cover students anywhere in the world, except your home country, for a full 12 month period **8/15/2020-8/14/2021** for a premium of **\$2,090** or a 10 month period **8/15/2020-6/14/2021** for a premium of **\$1,880**. This plan was designed especially for private secondary schools.

**ALL INTERNATIONAL STUDENTS MUST ENROLL IN THE PLAN**

The basic provisions and exclusions of this plan are outlined in the summary attached. Certificates with further details will be issued to every participant along with a personal identification card.

**You must select one of the three options provided below. Please note that this document is an addendum to your Enrollment Agreement and both your Agreement and this Addendum must be returned together to the school.**

Please check the appropriate boxes below, include student's name, sign your name, date and return promptly to *Lorrie Wechter in the Admissions Office (wechterl@darrowschool.org)*. Thank you.

**2020-2021 STUDENT INJURY & SICKNESS PLANS**

1. ☐ **Enroll** \_\_\_\_\_ **in plan for:**  
STUDENT NAME  
☐ A full 12 months (**\$2,090 for 8/15/2020-8/14/2021**)

2. ☐ **Enroll** \_\_\_\_\_ **in plan for:**  
STUDENT NAME  
☐ A full 10 months (**\$1,880 for 8/15/2020-6/14/2021**)

---

PRINT NAME OF PARENT OR GUARDIAN

DATE

---

SIGNATURE OF PARENT OR GUARDIAN

DATE