



Statement Regarding International Student Health Insurance

Metropolitan Community College (MCC) has partnered with Academic HealthPlans (AHP) and Wellfleet to provide you with health insurance for the 2024-2025 academic year. MCC requires F-1 international students to pay the insurance premium according to the chart below before registering for classes. If you do not make the full payment, you will not be allowed to register for classes at MCC, and this may cause you to be out of status. No exceptions will be made for partial payment options.

Total Due Before You Register For Classes			
If you start in the Fall Quarter (Fall 2024), you will need to pay for insurance for Fall Quarter <u>and</u> Winter Quarter before your first registration.	If you start in the Winter Quarter (Winter 2024), you will need to pay for insurance for Winter Quarter before your first registration.	If you start in the Spring Quarter (Spring 2024-2025), you will need to pay for insurance for Spring Quarter <u>and</u> Summer Quarter before your first registration.	If you start in the Summer Quarter (Summer 2025), you will need to pay for insurance for Summer Quarter before your first registration.
\$1446.50	\$723.25	\$1446.50	\$723.25

I understand that I will be required to pay the premium for Academic Health Plans (AHP) - Wellfleet insurance before I may register for classes. I understand that there are no waivers to this policy and that if I have other insurance I will still need to enroll in AHP - Wellfleet insurance. I further understand that if Metropolitan Community College (MCC) chooses a different insurance company in the future, I will be required enroll in that new international student health insurance.

NOTE: If you are being sponsored by your government and have insurance, please provide proof of insurance coverage for ISS to review. If you cannot provide the requested documentation, you will be enrolled in AHP - Wellfleet insurance through MCC. You would then need to pay your premium before you may enroll in classes.

Last/Family Name

First Name

Signature (Not typed)

Date