

International Student Accident & Sickness Plan: 2009-2010 School Year

Dear Parent/Guardian:

Out of concern for the health and welfare of all our students, Marianapolis has established a policy that requires every international student to be covered by a comprehensive accident and sickness plan. The cost of medical services in the United States is high and often students arrive on campus without insurance or without coverage that is acceptable to local hospitals, clinics or other practitioners.

To help you meet this responsibility, we require every international student to enroll in the school provided insurance plan. This policy will cover the student during a full 12 month period (8/15/09 – 8/15/10) anywhere in the world for an annual premium of \$1,195.00. This plan was designed especially for private secondary schools and meets the mandated requirement of Connecticut State Law.

All parents must complete the attached form below to elect coverage and the \$1,195.00 premium will be charged on the first tuition bill. If we do not receive this back, your child will not be allowed to attend Marianapolis.

Business Manager

2009-2010 STUDENT ACCIDENT & SICKNESS PLAN

Please include student's name below, sign your name, and return promptly to the business office. Thank you.

I wish to enroll _____ in PLAN I for a full 12 months
STUDENT NAME
(8/15/09 – 8/15/10) at an annual premium of \$1,195.

SIGNATURE OF PARENT OR GUARDIAN

DATE