STUDENT ACKNOWLEDGEMENT OF HEALTH INSURANCE / EMERGENCY INFORMATION AND REQUEST FOR COVERAGE

I hereby declare that I have received and reviewed with full understanding the contents, meaning, and effect of the Student Health Insurance and Emergency Information form for all participants in the Marshall MBA International Exchange Program.

If waiving the standard USC Student Health Insurance Plan, I understand that coverage under the Health Plan for USC Students Studying Overseas (also known as the USC Overseas Policy) will be mandatory and automatic for the official duration of my exchange program term at the host institution. I may, however, request an extension of coverage beyond the start and end dates of my exchange studies abroad.

☐ Please check here if you would like to receive coverage under the standard USC Student Health Insurance Plan during your term abroad instead of coverage under the Health Insurance Plan for USC Students Studying Overseas. Check your study abroad term
 ☐ Spring 2016    ☐ Summer 2016    ☐ Fall 2016

☐ Please check here if you would like to receive coverage under the Health Insurance Plan for USC Students Studying Overseas in lieu of coverage under the standard USC Student Health Insurance Plan, and provide your desired coverage dates below:

<table>
<thead>
<tr>
<th>Desired Begin Date of Coverage</th>
<th>Desired End Date of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under the USC Overseas Policy</td>
<td>Under the USC Overseas Policy</td>
</tr>
</tbody>
</table>

NOTE: The above dates must be inclusive of your official exchange program dates. If not, they will be automatically extended to include these dates.

_________________________________  ________________________________________
Student Name (Print)                Student ID#

_________________________________  _____________________________
Student Signature                   Date