

**Division Study Financing**

***Ministry of Education, Culture, Youth and Sports Affairs***

**Medical insurance exemption form**

**Use this form to:**

Request an exemption from paying your own medical insurance premium effective July 1, 2015.

**Submit fully the completed and signed to:**

Division Study Financing, via email: medicalinsurance@studyfinancing.sx **before May 1, 2015.**

**For more information**:

**www.studyfinancing.sx**

**First name:**  Click here to enter text.

**Last name**: Click here to enter text.

**Date of Birth:**  Click here to enter a date. ***(day/month/year)***

**Study:**  Click here to enter text.

1. **Are you already paying your own medical insurance premiums?**

**[x]** Yes ***go to question 6*** [x] No ***go to question 2***

1. **Will you be graduating in July 2015?**  **[x]** Yes ***go to question 5*** [x] No ***go to question 3***
2. **I would like to request an exemption for:**

Choose an item.

1. **I will start paying my own medical insurance premium on:**

Choose an item. ***Skip question 5***

1. **Please indicate your graduation date: *(day/month/year)***  Click here to enter a date.

You will be insured until the date abovementioned.

1. **Declaration and Signature:**

**[x]** I declare that, I have completely read the letter from the Minister of Education, Culture, Youth and Sports Affairs dated February 27, 2015 regarding the changes in the collective medical insurance.

**Date**

**Signature**