

**ACKNOWLEDGMENT OF UNDERSTANDING OF TERMS OF
SANITAS HEALTH INSURANCE**

By signing below, I hereby:

- Declare that I understand the pre-existing condition limitation to the coverage and that it is my own responsibility to communicate any pre-existing condition(s) to Sanitas.
- Acknowledge that if I need medical treatment related to any pre-existing condition, I will be financially responsible for any costs related to such treatment.
- Agree that I will not hold Suffolk University responsible for any claims, including but not limited to claims related to payment involving any medical treatment I receive.
- Understand that it is my responsibility to contact my current health insurance provider to understand the extent of that coverage and to obtain international health insurance coverage if necessary.

Full name of student: _____

Home address: _____

Student signature: _____

Parent signature (if student is under 18 years old):
