How to Enroll in the VMCVM & VTCSOM Waiver

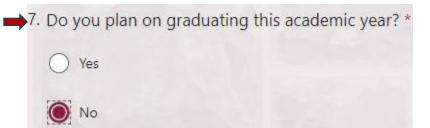
Select the VMCVM & VTCSOM Waiver Form

- 1. Provide your last name, your first name, your VT Student ID Number and indicate if you are VTCSOM or VMCVM Student.
 - a. For VTCSOM, indicate what your status is
 - b. For VMCVM, indicate what year you are

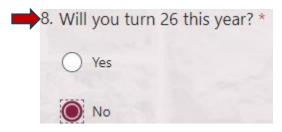
1. Last Name * 🛄	
Smith	
📫 2. First Name * 🗔	
Jane	
3. VT Student ID Number * 🗔	
90000000	
4. Are you a VTCSOM or VMCVM studer	nt?* 🗔
VTCSOM	
O VMCVM	

5. What is your current status? * 🗔
М1
() M2
() МЗ
○ M4
5. What year are you? * 🗔
O 1st Year
O 2nd Year
O 3rd Year
O 4th Year
<mark>2. </mark> Indicate if you are a F-1 or J-1 visa holder <mark>(Note if you answer yes to this yes DO</mark>
NOT SUBMIT this form. You are required to submit the international waiver form).
6. Are you in F-1 or J-1 visa holder? * 🗔
NOTE: If you answer yes to this question, please do not submit this form. You are required to submit the international waiver form.
O Yes
No No

3. Indicate if you are graduating this year and provide the date if so



4. Indicate if you are turning 26 this year and if yes, provide the date



Select the next button

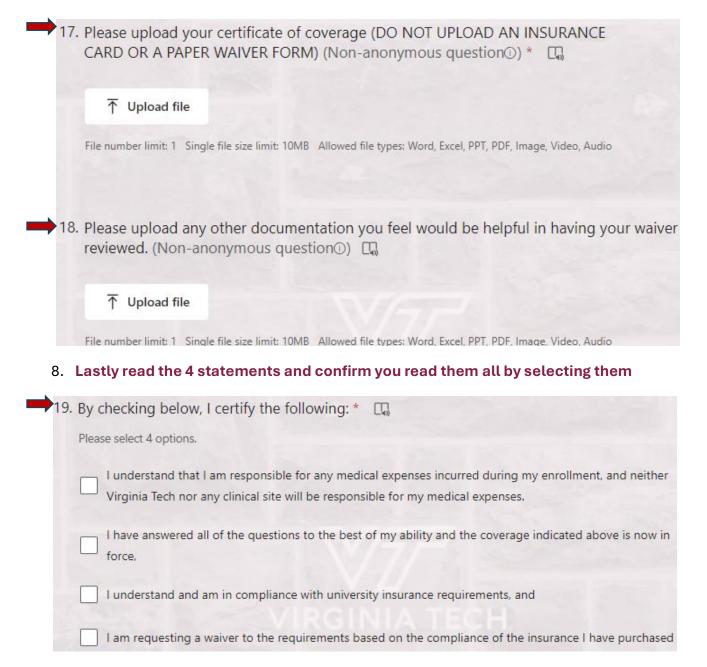
5. Now provide your insurance company's name, your insurance policy number, the date when your coverage begins (note that it must be effective on the students first day of classes) and the date when your coverage ends (note that the plan must be valid through July 31st or the end of the month you graduate).

➡ 9.	Insurance Company Name *	
	Enter your answer	
➡10.	Insurance Policy Number *	
	Enter your answer	
1 11.	When does your coverage begin? Insurance coverage must be effective on the student's first day or classes or mandatory program participation (varies by program) *	
	Please input date (M/d/yyyy)	
12.	When does your coverage end? Insurance coverage must be valid through July 31st, 2025 or end of the month you graduate. *	the
	Please input date (M/d/yyyy)	:::

6. Next, read through each requirement and confirm that your insurance policy meets all requirements.

➡ 13.	Does this policy have at least \$500,000 each in coverage for medical, prescription, mental health, and substance abuse coverage benefits with no exclusion for club, intramural, or extramural sports. *
	○ Yes
	O No
1 4.	Is the policy deductible \$2,500 or less? *
	O Yes
	O No
➡15.	Are medical expenses for pregnancy, childbirth and complications of pregnancy treated as any other illness under the policy? *
	O Yes
	O No
➡16.	Does the policy cover pre-existing conditions for the entire policy term with no waiting period? *
	○ Yes
	○ No

7. Upload your certificate of cover and any other documents you find important



Then select "Submit"