



Pittsburg State University
International Programs and Services

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SUMMER INSURANCE REMOVAL REQUEST FORM

I, _____,
am requesting that Pittsburg State University remove my health insurance coverage for the summer session. I understand that insurance coverage over the summer is strongly recommended to have year-round coverage to avoid issues caused by breaks in coverage, such as accidents or pre-existing conditions.

I understand that I will lose coverage after May 31st and will not have access to the benefits of the insurance during the months of June and July. _____

Reason for removing the insurance coverage:

Leaving the United States? YES NO

If yes, what is your expected date to return to United States? _____

Student Name Printed

PSU ID Number

Student Signature

Date

For Office Use Only

Insurance Removed _____ Approved By _____