

UNIVERSITY OF NEW ORLEANS

J-1 INSURANCE COVERAGE EVALUATION FORM—SPRING 2015

This form must be submitted to the Office of International Students and Scholars (may be faxed to 504-280-7317 or e-mailed to oiss@uno.edu) by 4:30 p.m. on Friday, January 16 2015. No late requests will be accepted.

Last Name: First Name: UNO ID NUMBER:

I certify that the above named individual and dependents have insurance coverage for the period through that meets or exceeds the following requirements (coverage must begin on or before 1/12/2015 and end on or after 5/08/2015 at minimum for Spring 2015):

- Medical and accident coverage up to \$50,000 per accident or illness YES / NO
OR \$100,000 minimum aggregate
- Maximum deductible of \$500. For multiple party plans \$500 per person. YES / NO
- A U.S. representative physically located in the United States with a U.S. YES / NO
telephone number/contact who acts on behalf of insurance company/insurance plans: verification and processing ability.
- Policy must cover office visits for non-emergency and emergency visits. YES / NO
(No emergency care only policies will be accepted.)
- Maternity visits must be paid as any other health condition. YES / NO
- Minimum coverage of \$7,500 repatriation of mortal remains to home country. YES / NO
(Must cover pre-existing condition related deaths.)
- Minimum coverage of \$10,000 medical evacuation of the student YES / NO
to his/her home country.

*Repatriation and medical evacuation coverage can be purchased separately for those students/dependents whose policies lack this coverage. Students must submit proof of separate repatriation and evacuation coverage for the waiver to be approved.

NAME OF INSURANCE COMPANY (print):

AGENT REPRESENTING INSURANCE COMPANY (print)

Signature of Agent _____

Date Policy No.

Phone number in United States

Insurance company address in United States

I have enrolled in the above insurance program and verify that the above is true and accurate. I will continue to maintain this coverage and will notify OISS of any changes and provide appropriate documents of any changes. I will provide documentation of continuation of the required coverage upon expiration of the policy as stated above. Furthermore, I will provide the Office of International Students and Scholars with a new F-1 Insurance Coverage Evaluation Form each and every semester, regardless of the insurance coverage end dates stated on any previously submitted forms.

Signature of Student(Required): _____ Date: