

UNIVERSITY OF NEW ORLEANS

J-1 INSURANCE COVERAGE EVALUATION FORM— SUMMER 2011

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 MONDAY, JUNE 6th, 2011. 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 06/02/2011 and end on or after 07/26/2011 at minimum for Summer 2011):

- 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:

Any fraudulent or misrepresented information will result in an official student misconduct report to the UNO Student Accountability and Advocacy Office. This referral could result in suspension from the University. Upon such findings, the University of New Orleans will have no responsibility (legal or financial) to any health issues that apply to and have been incurred by me, including death. The Office of International Students and Scholars reserves the right to investigate the validity of private policy benefits in order to meet all listed requirements.