UNIVERSITY OF NEW ORLEANS
J-1 INSURANCE COVERAGE EVALUATION FORM—FALL 2022

This form must be submitted to the Office of International Students and Scholars at oiss@uno.edu by 4:30 p.m. on Friday, August 19, 2022. 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 requirements listed below (coverage must begin on or before 08/15/2022 and end on or after 12/09/2022 at minimum for Fall 2022).

- Medical and accident coverage up to $100,000 per accident or illness OR $200,000 minimum aggregate
- Maximum deductible of $500. For multiple party plans $500 per person.
- A U.S. representative physically located in the United States with a U.S. telephone number/contact who acts on behalf of insurance company/insurance plans: verification and processing ability.
- The insurance policy is underwritten by an insurance corporation with an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-I" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above.
- Policy must cover office visits for non-emergency and emergency visits. (No emergency care only policies will be accepted.)
- Must cover medically necessary tests and treatment for COVID19 as any other sickness.
- Maternity visits must be paid as any other health condition.
- Minimum coverage of $25,000 repatriation of mortal remains to home country. (Must cover pre-existing condition related deaths.)
- * Minimum coverage of $50,000 medical evacuation of the student 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 J-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.