

UNIVERSITY OF NEW ORLEANS
F-1 INSURANCE COVERAGE EVALUATION FORM—SUMMER 2021

This form must be submitted to the Office of International Students and Scholars at oiss@uno.edu by 4:30 p.m. on Monday, June 14, 2021. 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 06/08/2021 and end on or after 07/30/2021 at minimum for Summer 2021).

- Medical and accident coverage up to \$100,000 per accident or illness OR \$200,000 minimum aggregate ☐ YES / ☐ NO ☐
- 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. telephone number/contact who acts on behalf of insurance company/insurance plans: verification and processing ability. ☐ YES / ☐ NO ☐
- 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. ☐ YES / ☐ NO ☐
- Policy must cover office visits for non-emergency and emergency visits. (No emergency care only policies will be accepted.) ☐ YES / ☐ NO ☐
- Must cover medically necessary tests and treatment for COVID19 as any other sickness. ☐ YES / ☐ NO ☐
- Maternity visits must be paid as any other health condition. ☐ YES / ☐ NO ☐
- Minimum coverage of \$25,000 repatriation of mortal remains to home country. (Must cover pre-existing condition related deaths.) ☐ YES / ☐ NO ☐
- * Minimum coverage of \$50,000 medical evacuation of the student to his/her home country. ☐ YES / ☐ NO ☐

*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: