I hereby authorize my insurance company to release the following information to The University of Alabama located in Tuscaloosa, Alabama. I further understand that my failure to comply with these requirements on a timely basis will result in the cancellation of my participation in this program.

Signature: ___________________________ Date: ___________________________

Please verify MINIMUM STANDARDS by checking the appropriate box relative to the coverage provided. All of the following criteria MUST be met for the plan to be approved:

Yes:   No:
☐   ☐ This student policy meets all requirements mandated by the Affordable Care Act (ACA). (These requirements include unlimited lifetime dollar coverage, unlimited annual dollar coverage, and no waiting periods for pre-existing conditions.)
☐   ☐ Standard co-insurance of 20% for In-Network or Participating Provider Organization (PPO)
☐   ☐ A deductible no greater than $350 per person for in-network (PPO) providers or $750 per person for out-of-network (non-PPO) providers for the policy’s plan year.
☐   ☐ Coverage for repatriation of remains is equal to or greater than $25,000. Medical evacuation coverage is equal to or greater than $50,000.
☐   ☐ If there is a PPO requirement associated with Plan’s benefits, is there the availability of PPO hospitals and physicians in the greater Tuscaloosa, Alabama, area?
☐   ☐ The policy meets J Visa requirements as set forth by the Department of State. (For J Visa status)

The undersigned CERTIFIES that all information is correct.

Title: ___________________________ Date: ___________________________

Please mail or fax directly to the following address BEFORE the first day of the ELI session:
English Language Institute – The University of Alabama
Box 870250
Tuscaloosa, AL 35487-0250
FAX: (205) 348-9266
OFFICE PHONE: (205) 348-7413