

THE UNIVERSITY OF ALABAMA®
INTERNATIONAL STUDENT/SCHOLAR INSURANCE WAIVER FORM

STUDENT/SCHOLAR MUST COMPLETE THIS PORTION, INCLUDING SIGNATURE & DATE.

STUDENT ID:	TELEPHONE #:	E-MAIL ADDRESS:
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
SESSION: <input type="checkbox"/> FALL 1, 2023 <input type="checkbox"/> FALL 2, 2023 <input type="checkbox"/> SPRING 1, 2024 <input type="checkbox"/> SPRING 2, 2024 <input type="checkbox"/> SUMMER 1, 2024 <input type="checkbox"/> SUMMER 2, 2024		

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: _____

Insurance Company must complete this portion of the form.

SPONSOR OR POLICY HOLDER NAME:	POLICY COVERAGE DATES:
POLICY #	COMPANY AND REPRESENTATIVE NAME:
ADDRESS:	
TELEPHONE #:	FAX #:
E-MAIL ADDRESS:	

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:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | This policy covers the person named above for <u>pre-existing medical conditions, unlimited annual, and unlimited dollar amounts for medical expenses</u> incurred outside the student's home country. |
| <input type="checkbox"/> | <input type="checkbox"/> | Standard co-insurance of 20% for In-Network or Participating Provider Organization (PPO) |
| <input type="checkbox"/> | <input type="checkbox"/> | A deductible no greater than \$500 per person for in-network (PPO) providers or \$1,000 per person for out-of-network (non-PPO) providers for the policy's plan year. |
| <input type="checkbox"/> | <input type="checkbox"/> | Coverage for repatriation of remains is equal to or greater than \$25,000. Medical evacuation coverage is equal to or greater than \$50,000. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.

Insurance Representative Signature: _____

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