

**UNIVERSITY OF NEW ORLEANS**  
**F-1 INSURANCE COVERAGE EVALUATION FORM—FALL 2020**

This form must be submitted to the Office of International Students and Scholars at [oiss@uno.edu](mailto:oiss@uno.edu) by 4:30 p.m. on Friday, August 28, 2020. 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 08/19/2020 and end on or after 12/10/2020 at minimum for Fall 2020). Full year must be at minimum 08/19/2020 through 05/13/2021:

- 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: