



PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS

PETITION TO APPROVE ALTERNATE INSURANCE

All non-immigrant scholars (Exchange Visitors) are required to maintain adequate health insurance while at Humboldt State University. Those who already have insurance coverage may petition for approval to use their existing policy if it meets the criteria listed below. Otherwise, a suitable policy may be purchased through the University.

Exchange Visitors who petition for approval of an alternate policy must complete and sign the following certification, have their insurance carrier complete and sign the second page of this form, and provide a copy of the policy (translated in English) prior to teaching or registering for classes.

For approval, an alternate insurance policy must meet the following criteria:

1. Medical benefits of at least \$50,000 per accident or illness, with a co-payment of no more than 25%;
2. Repatriation of remains in the amount of \$7,500;
3. Expenses associated with the medical evacuation of the Exchange Visitor to his/her home country in the amount of \$10,000;
4. A deductible not to exceed \$500 per accident or illness; and
5. Coverage of pre-existing conditions after six months of continuous coverage.

Exchange Visitor Information (please print):

Name: _____

Department: _____

Local Telephone: _____

Local Address: _____
Street City Zip Code

E-Mail Address: _____

Certification by Insurance Company

I hereby certify that the individual (and family members, if applicable) named on this form currently maintain(s) an insurance policy which fulfills the minimum requirements as specified. Attached is a copy of the policy, translated into English.

Company Name: _____

Address: _____

Phone Number: _____

The specific terms of the policy include:

Name(s) of Insured: _____

Policy Number: _____

Effective dates of coverage: _____

Medical benefit per accident/illness	\$ _____
Co-payment (percentage)	\$ _____
Deductible per accident/illness	\$ _____
Repatriation benefit	\$ _____
Medical evacuation benefit	\$ _____
Waiting period for pre-existing conditions (months)	\$ _____

Printed Name, Insurance Company Representative

Signature, Insurance Company Representative

Date

Certification by Exchange Visitor

I certify that I am in compliance with the insurance requirements as specified by Humboldt State University, and I agree to maintain appropriate insurance coverage throughout my stay. I will notify the University immediately should there be any changes to my insurance policy.

Signature, Exchange Visitor

Date