



HUMBOLDT STATE UNIVERSITY

Office of Extended Education
Arcata, California 95521-8299
voice 707 826-3731 • fax 707 826-5885

Petition to Approve Alternate Insurance

All non-immigrant students are required to maintain adequate health insurance coverage while enrolled at Humboldt State University. A policy is available for students to purchase which fulfills all of the requirements. Students who have other insurance coverage which meets the minimum requirements may petition for approval to use that as an alternate policy.

Students who petition for approval of an alternate policy must complete the following certification, have their insurance carrier certify that the information is correct and provide a copy of the policy translated into English prior to registering for classes.

For approval, you must provide evidence that you currently have a policy which meets the following criteria:

- (1) Medical benefits of at least \$50,000 per accident or illness, with a copayment of no more than 25%;
- (2) Repatriation of remains in the amount of \$7,500;
- (3) Expenses associated with the medical evacuation of the student to his or her home country in the amount of \$10,000;
- (4) A deductible not to exceed \$500 per accident or illness; and
- (5) The policy covers pre-existing conditions after 6 months of continuous coverage.

Student information:

Name: _____ HSU Student ID#: _____

Local Telephone #: _____

Local Address: _____

E-mail Address: _____

Certification by Insurance Company

I certify that the student named on this form currently maintains an insurance policy which fulfills the minimum requirements as specified. Attached is a copy of the policy, translated into English. The specific terms of the policy include:

Effective dates of coverage: _____

Medical benefit per condition: \$ _____ Copayment: _____%

Deductible: \$ _____

Repatriation benefit: \$ _____ Medical Evacuation benefit: \$ _____

Waiting period for pre-existing conditions: _____

Insurance Company: _____

Address: _____

Telephone number: _____

Name of Representative completing this form: _____

Signature of Insurance Company Representative

Date

Certification by student

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 attendance. I will notify the University immediately should there be any changes to my insurance policy.

Signature of Student

Date