



INTERNATIONAL STUDENT ACKNOWLEDGEMENT OF HEALTH INSURANCE

Last Name, First Name UH ID# or @hawaii.edu email Telephone Number

Name of Insurance Provider:

Policy Holder's Name:

Relationship to Student:

Policy Number/Plan Type: Dates of Coverage: to

While enrolled at UH West O'ahu, you are required to have coverage for each semester that you attend classes.

The plan/policy must meet ALL of the following minimum coverage requirements (all amounts are in USD). Vision/dental coverage is not required. Initial each line below to verify all coverage requirements. * Refer to the University Coverage Requirements section detailing each item below.

- Comprehensive medical coverage = at least \$100,000 US per accident/illness
Inpatient/Outpatient medical (including mental health) coverage at no less than 75% usual/customary charge (UCC)
Repatriation coverage = at least \$25,000 US
Medical evacuation coverage to home country = at least \$10,000 US
No more than \$500 US deductible per accident or illness
Waiting period for pre-existing conditions no longer than 6 months

I acknowledge that the University of Hawai'i (UH) policy requires international students to provide evidence of comprehensive health insurance for each and every term I am registered at the University. I acknowledge that it is my responsibility to choose my own health insurance provider, ensure that I have adequate coverage (as initialed above) and to provide a copy of the insurance policy along with this form. I further acknowledge my responsibility to maintain insurance coverage and to submit this form at each and every renewal or change of provider. Further, I understand that the University's required minimum coverage levels may change each year and that I am responsible for updating my insurance in keeping with stated requirements.

I certify that I am covered by comprehensive health insurance as described above. I must remain covered by comprehensive health insurance throughout the time I am registered at the University. I acknowledge and agree that the University is not responsible for my health insurance or medical expenses, and I will hold the University harmless from any health insurance or medical expenses I incur.

Student's Signature Date

Submit the completed form and a copy of your Health Insurance Policy to: Student Services Office, 91-1001 Farrington Hwy, Kapolei, HI 96707, or fax to 808-689-2901

For UHWO use only: Approved for Term: By: Date: Disapproved for Term: Insufficient coverage: Insufficient documentation: By: Date: SOAHOLD Effective Date: By: Date:

UNIVERSITY COVERAGE REQUIREMENTS

1. While enrolled at UH, you are required to have coverage for each semester that you attend classes
Your plan must cover you for either the entire fall semester, spring semester, summer session (if taking classes) or a combination of semesters (fall & spring or fall, spring & summer).
2. Comprehensive medical coverage = at least \$100,000 US per accident/illness
Your plan must provide medical benefits (doctor visits, hospital, surgery, laboratory tests, x-rays, etc.) of at least \$100,000 US (American dollars) for each accident or illness.
3. Inpatient/Outpatient medical (including mental health) coverage at no less than 75% usual/customary charge (UCC)
Your plan must pay at least 75% of covered medical expenses (including mental health coverage) for both inpatient (stay at an inpatient facility/hospital) and outpatient (doctor's office, outpatient department of a hospital or ambulatory surgery center) services.
4. Repatriation coverage = at least \$25,000 US
If you should die in the U.S., your plan must provide at least \$25,000 US (American dollars) to send your body/remains back to your home country.
5. Medical evacuation coverage to home country = at least \$10,000 US
If you become seriously ill or are seriously injured, your doctor recommends that you return to your home country for treatment and/or recovery, your plan must provide up to \$10,000 US (American dollars) for you to return home.
6. No more than \$500 US deductible per accident or illness
Your plan deductible cannot exceed \$500 US (American dollars) for each accident or illness. Most insurance plans require you to pay for part of your health expenses (this is called the deductible) before they will start to pay for any covered services. Some plans also have deductibles per year instead of per accident or illness. As long as your plan does not exceed the \$500 US deductible (per accident/illness or per year) then this requirement will be fulfilled.
7. Waiting period for pre-existing conditions no longer than 6 months
Your plan cannot exclude coverage for any pre-existing conditions longer than 6 months. Some plans exclude pre-existing conditions while some plans might have a waiting period for pre-existing conditions. A waiting period means that your plan will not cover any pre-existing conditions for a certain amount of time; this waiting period can range from 6 to 18 months. As long as your plan has either no exclusions for pre-existing conditions or a waiting period of 6 months or less, then this requirement will be fulfilled.