Petition to Approve Alternate Health Insurance Policy
Please read all information before filling out petition

The International Student Center requires students to have a current health insurance policy that meets the requirements listed below. Since many policies for international students in the U.S., such as travel insurance policies, do not meet the requirements, beginning with the Fall 2013 semester only the following policies are acceptable and will be approved:

- Policies for students sponsored by their home government or the U.S. government
- Students covered with a U.S. policy through their own or a family member’s employment (must purchase the Ascension med evacuation/repatriation policy)
- Policies issued through parents/spouse in your home country that meet the requirements

New Student ______ Continuing Student ______
Name _______________________________ Red ID # _______________________________
Telephone ___________________________ Email _________________________________
Name, Address, Phone of Insurance Company ______________________________________

For approval, you must provide evidence that your policy meets all of the following criteria:
1. The policy is valid until at least January 15, 2014.
2. The medical benefit is unlimited with a co-payment limited to 25% and a deductible of no more than $150
3. The repatriation benefit is unlimited
4. The medical evacuation benefit is unlimited
5. The policy does not exclude benefits on the basis of gender (Under California Law, Title IX, the policy cannot exclude coverage, such as, but not limited to, maternity, even if the policyholder is male)
6. The policy pays for pre-existing conditions after 6 months of continuous coverage

Please fill in each of the six categories below to show how your alternate policy fulfills the requirements. You must attach a copy in English of your policy benefits explicitly documenting these provisions.

1) Dates of coverage: ________________________________
2) Medical benefit per condition: $_______________ Deductible: $_______ Co-payment _____%
3) Medical evacuation benefit: $____________________
4) Repatriation benefit: $________________________
5) Does the policy cover maternity benefits, and all other benefits that are specific to one gender only?
   ____Yes  ____No
6) Pre-existing conditions covered after _______ months

Student Signature: ___________________________ Date: ________________

Your petition will be reviewed within three to five working days. If approved, your F-Hold will be cleared. If denied, you must purchase an approved policy to clear your F-Hold.

Office Use Only
PENDING ____ Explanation _______________________________________________________
Date Notified ___________ Init ___

APPROVED ________
Date Entered _________ Init ___
Date Notified _________ Init ___

DENIED ________
Date Denied _________ Init ___
Date Notified _________ Init ___

REASON:

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