

Duke University
DIVISION OF STUDENT AFFAIRS

Health Insurance Verification for International Students

Duke University has an interest in assuring that you have access to appropriate and adequate medical care during your affiliation as a student. All International Students with F-1 and J-1 visas are required to carry medical insurance coverage, either through the University-approved Plan offered by Hill, Chesson and Woody or through another approved plan. Failure to maintain adequate, annually verifiable insurance is a violation of the conditions by which Duke University admitted the student and also violates the federal insurance requirements for J-1 exchange visitors in Title 22 of the Code of Federal Regulations, section 62.14.

Any student who has not purchased or provided proof of purchase by August 1, 2006 of one of the two alternatives endangers his/her current and future registration at the University. An alternate sponsor or employer policy cleared for one year is NOT automatically cleared for the following year. You must clear annually by bringing evidence of continuing coverage.

PART I: Student Information

Please print or type

Student ID _____

Family Name _____ First _____ Middle _____

Local Mailing Address: _____

Home Phone: _____ Date of Birth: _____ Sex: _____

E-mail Address: _____

PART II: Alternate Policy Information

Insurance Company: _____

Name of Policy Holder: _____ Relationship to Student: _____

Policy Number _____ Group Number: _____

Effective Date: _____ End Date (if applicable): _____

PART III: Student Certification

I have chosen not to purchase medical insurance coverage under the University-approved Duke Student Medical Insurance Plan and have secured medical insurance coverage as indicated in Part II above and that the listed coverage meets the requirements as delineated by Duke University. I certify that this coverage is currently in effect and that I will make premium payments and fulfill any other conditions required by the insurance company to maintain my coverage while I am a student at Duke. I understand that failure to maintain approved medical insurance coverage will be in violation of University code and will jeopardize my right to continue as a student at Duke.

Signature: _____ Date _____

DEADLINE: August 1, 2006

Mail or Fax to:

Duke University Student Health

International Student Insurance

DUMC Box 2899

Durham, NC 27710

Fax (919) 681-2874

****See reverse side for University Insurance Guidelines****

To Be Completed By Student:

Student Name: _____

Policy Number: _____

To Be Completed By Insurance Company: Proof of Alternate Coverage

For the 2006-07 academic year each (F1 and J1) International student, new and continuing, enrolled at Duke University as a full time student is required by the University to purchase or provide proof of purchase to the Student Health Service for one of the following:

1. The University Student Accident and Sickness insurance policy with Blue Cross and Blue Shield administered by Hill, Chesson and Woody (most recommended because of strong world wide coverage, reasonable cost) **OR**

2. A comparable policy **that includes all of the following basic benefits listed below :**

	Yes	No
The policy must provide continuous coverage for the entire period the insured is enrolled as an eligible student at Duke University. Payment of benefits cannot be limited to a specified period of time , such as 52 weeks.		
Coverage is pre-paid and continuous for a minimum of 12 months from August 17, 2006, through August 16, 2007		
Insurance proceeds are payable in U.S. Dollars		
Claims agent must be located in the United States		
The Duke Health System, both facility and professional providers, are in network providers		
Coverage is not restricted to a specific health care provider. Use of the policy is not restricted to a particular locale		
The policy provides for coverage of major medical expenses at a minimum of 80% of usual, reasonable, and customary charges without specific limits on charges such as hospital room and board, hospital miscellaneous, physician visits, surgery, anesthesia, etc., up to a minimum of \$500,000		
Coverage for pre-existing conditions; not more than first 12 months from initial enrollment in the plan		
Deductible is not greater than \$150 per policy year		
Inpatient mental health care paid as any other sickness for a minimum of 60 days per policy year		
Outpatient mental health visits must be available for 52 visits with benefits paid at 80% for in-network providers and 60% for out-of-network providers		
Maternity benefits treated as any other medical condition		
Inpatient/Outpatient Prescription Medication: Offers coverage of at least 80% (with no internal limits)		
The policy provides a minimum of \$7,500 for repatriation of remains to the home country		
The policy provides a minimum of \$10,000 for medical evacuation to the home country, including expenses associated with an attendant, when medically necessary		
The policy provides an aggregate cap of not less than \$500,000		

I certify that the alternate coverage listed meets all of the requirements above:

Name of Carrier: _____ **Date:** _____

Name of Insurance Representative (Please Print): _____

Signature of Insurance Representative: _____