

AUGSBURG COLLEGE

INTERNATIONAL STUDENT INSURANCE WAIVER FORM

STUDENT INFORMATION

Name _____

Street Address _____

City _____ State _____ Country _____

Phone _____ E-Mail _____

I Will Be Participating in Educational Activities at Augsburg College: _____
(dates)

INSURANCE PLAN INFORMATION

Sponsor or Policy Holder Name _____

Policy# _____ Policy Expiration Date _____

Insurance Company Name _____

U.S. Address (required): _____

U.S. Phone # (required): _____

Email: _____ Fax: _____

Please check yes or no to the following based on policy coverage:

- | | | |
|-----|----|---|
| Yes | No | This policy provides coverage for the above period of education |
| Yes | No | This policy covers the student named above for accident/illness incurred outside the participants home country. |
| Yes | No | This policy provides a maximum equal to or greater than \$250,000 for each accident/illness |
| Yes | No | This policy does not include a deductible |
| Yes | No | This policy does not include any co-insurance cost sharing |
| Yes | No | Coverage for Repatriation of remains is equal to or greater than \$25,000 |
| Yes | No | Medical Evacuation coverage is equal to or greater than \$50,000 |
| Yes | No | The policy meets pre-existing conditions language set forth by USIA for those on a J Visa |
| Yes | No | Other than Psychotherapy and Dental Treatment, are there any other internal plan limitations? If answered yes, please list below: |

The undersigned certifies that all information contained herein is true. Failure to provide correct information will result in a hold being placed on the undersigned's record.

Student Signature _____

Date _____ Phone _____ Email _____

This form must be accompanied by a copy of your current insurance plan, ID Card and proof of coverage for the corresponding semester and/or school year.