

## Attestation of Health Insurance Coverage

Understanding that The University of Arizona has a mandatory insurance requirement for international students on non-immigrant visas, I agree that if I enter the United States I will have health insurance coverage in place that extends to the United States. If it is found that I do not have sufficient or no health insurance coverage, I understand that I will be forfeiting my right to be considered for future exemption requests.

My policy will meet the minimal requirements below:

- medical benefits of at least \$100,000 per accident or illness
- a co-payment not greater than 25% of the covered benefits per accident or illness
- a deductible not to exceed \$500 per accident or illness
- a waiting period for pre-existing conditions that is reasonable by current industry standards
- repatriation of remains in an amount of \$25,000
- medical evacuation expenses to his or her home country in the amount of \$50,000

By signing this document I agree to maintain health insurance at all times while in the United States.

Print Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit along with your exemption request form and required department documentation.

