

Campus Health Service Insurance Office 1224 East Lowell Street P.O. Box 210095 Tucson, AZ 85721-0095 Tel: (520) 621-5002 Fax: (520) 626-8616

## Attestation of Health Insurance Coverage

International Students Outside the US for Spring 2021

Understanding that The University of Arizona has a mandatory insurance requirement for international students on non-immigrant visas, I am requesting that the Student Health Insurance Plan be removed as I will be outside the United States for Spring 2021. I agree that if I enter the United States during the Spring 2021 period of January 1, 2021 through August 15, 2021, 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 the terms of this attestation for the Spring 2021 period of January 1, 2021 through August 15, 2021

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

Student ID:

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

Date:

Submit securely- <a href="https://web.health.arizona.edu/cgi-bin/secure/insform.php/">https://web.health.arizona.edu/cgi-bin/secure/insform.php/</a>

Spring 2021 only

