



INTERNATIONAL HEALTH INSURANCE WAIVER PETITION

Deadline: Entering Term Fall 2020— Thursday, August 1, 2020

Deadline: Entering Term Spring 2021— Tuesday, December 10, 2020

Loyola University requires that all F-1 and J-1 students have health insurance. You will be charged an insurance fee and covered under a policy obtained by Loyola on your behalf, unless you submit proof of comparable personal coverage BEFORE the date listed above. A representative of your insurance company must complete this waiver form and your coverage must include all of the benefits listed below in order to be accepted by Loyola University. If it does not meet these requirements, then you must purchase the policy made available by the university.

TO BE COMPLETED BY STUDENT

Date: Student's Name: Date of Birth:

I will enroll in the insurance policy provided by Loyola: YES NO

If NO, I request and authorize my insurance company to answer the statements below.

Policy Number: Student's Signature:

I understand that granting this waiver is at the sole and final discretion of Loyola University New Orleans. If the waiver is granted, I release Loyola University New Orleans from any liability for any issue of medical coverage.

TO BE COMPLETED BY HEALTH INSURANCE REPRESENTATIVE

The above-named student has requested that you complete this form regarding his/her health insurance coverage with your company. This form can be scanned and emailed to cie@loyno.edu.

Please answer YES or NO to the following statements:

- This plan includes repatriation benefits of at least \$25,000. If NOT, then how much?
This plan includes medical evacuation coverage of at least \$50,000. If NOT, then how much?
This plan will provide medical benefits to policyholders residing in Louisiana.
This plan has a U.S. telephone number for claims inquiries. If yes, the phone number is
This plan is a major medical health plan covering the policyholder in or out of the hospital.
This plan provides at least \$250,000 reimbursement per illness or accident for each insured person.
This plan has a deductible that does not exceed \$500.00 per accident/illness. If NOT, then how much is the deductible?
This plan is currently in effect and will remain in force until August 15, 2021 (or beyond). If NOT, then when does the plan end?

Please, attach a copy of the Declarations Page, listing the benefits, from the student's current Insurance Policy.

Name and Title of Insurance Representative Signature

Health Insurance Company Telephone Number Fax Number

Office Use Only: Rec'd Action: By: