



Health Insurance Coverage Statement

Student's Last Name

First Name

Current non-immigrant visa status: F-1 J-1

Student ID Number

Minimum Health Insurance Requirements:

- Coverage of pre-existing conditions
- \$200,000 (US) coverage per sickness or injury
- Deductible of no more than \$50 per injury/sickness
- Medical benefit coverage payable up to the reasonable and customary charges of the following expenses: Physician and surgical, ambulance, emergency room, in-patient and out-patient care, mental and nervous costs, maternity care, nursery care of a newborn child
- Inpatient and outpatient treatment of mental and nervous disorders
- Medical Evacuation benefit of at least \$10,000
- Repatriation of remains in the amount of at least \$7,500

Please check the appropriate boxes below to indicate the details of your health insurance.

- I meet the following SUNY health Insurance exemption:
 - religious objection;
 - individuals for whom comparable coverage has been obtained through an exchange agreement, an employment benefit, or foreign government sponsorship.
- My current health insurance policy for me and my dependents meets or exceeds the minimum requirements set forth by SUNY ESF including medical evacuation and repatriation coverage. I choose to maintain this health insurance coverage and opt out of the comprehensive SUNY Health Insurance Coverage. I understand that I am responsible for all costs above and beyond those covered by my insurance policy.
- My current health insurance policy for me and my dependent does not include medical evacuation and repatriation coverage. Accordingly, I have enrolled in the Medical Evacuation and Repatriation coverage for me and my dependents provided by SUNY. _____
Cashier's Signature

I understand that I will be billed for this expense and that I am responsible for all costs above and beyond those covered by my insurance policy.

Please attach a copy of your health insurance plan coverage details and proof of enrollment, and provide the information requested below. Be sure to submit an updated *Statement* every academic year/semester as necessary by the start of the semester to avoid being billed for the SUNY plan coverage.

My current health insurance is provided through policy number _____

It is issued by the _____ Insurance Company

The following people are covered on the policy: _____

It is valid from _____ to _____

This is the phone number of the company _____ in case there are questions.

I, the undersigned student, have discussed the health insurance requirements recommended for international students at SUNY-ESF with a staff member at the Bursar's Office.

Student Signature: _____ Date: _____

Bursar's/Cashier's Office Signature: _____ Date: _____