

Student Health Insurance

A REQUIREMENT FOR INTERNATIONAL STUDENTS ENROLLED AT TEXAS A&M UNIVERSITY

In the United States it is up to each person to provide for his or her own and their family's health care expenses. International students (those who are not US citizens or permanent residents of the US) enrolled at Texas A&M, are required to have an approved health insurance plan. This is to ensure that medical treatment will be available in the event of injury or illness while enrolled here. This requirement includes students enrolled in intensive English language programs. Texas A&M System Regulations and University Rules addressing this requirement may be found on the Internet at: <http://sago.tamu.edu/policy/26-99-01.htm>. Students are encouraged to obtain the Texas A&M University System approved student health insurance plan.

REQUIREMENTS

Medical benefits of at least \$50,000 per accident or illness, **and**

Repatriation of remains in the amount of \$7,500, **and**

Medical evacuation to one's home country of at least \$10,000, **and**

A deductible not to exceed \$500 per accident or illness, **and**

The health insurance company offering the policy must:

have a Best or Standard and Poor's rating of at least "A-", **or** a Weiss Research Inc. rating of at least B+, **or** an Insurance Solvency International, Ltd. rating of at least "A-i", **or** be backed by the full faith and credit of the student's home country government.

YOU CAN MEET THIS REQUIREMENT IN ANY ONE OF FOUR WAYS:

1. Students may purchase the Texas A&M University System approved Student Health Insurance Plan. This plan has been reviewed by the University and meets all requirements. The current policy is underwritten by Guarantee Trust Life Insurance Company and can be purchased through:

Dunlap Financial Services
111 East University Suite 110
College Station, TX 77841
(979) 260-9632

Policy information is available on the Internet at: http://www.a-i-p-i.com/TA&M_CStation.htm

2. Students may purchase health insurance coverage other than the Texas A&M University System approved Student Insurance Plan if it has "equivalent coverage". This alternate policy must meet the requirements outlined above.
3. If you are a sponsored student whose program is coordinated by the Sponsored Student Unit of International Student Services at Texas A&M, and your sponsor requires you to have health insurance coverage in order to participate in your program, you are not required to purchase additional health insurance coverage.
4. If you will be eligible to receive University health insurance coverage through your employment at Texas A&M University as a budgeted faculty or staff member working a minimum of 20 hours a week (including 50% time graduate assistantships) you are required to purchase coverage for medical evacuation and repatriation. You must provide evidence of coverage.

Texas A&M University Student Health Insurance Verification

Last 2 digits of Soc Sec #
Last 2 digits of TAMU ID

PART A.

Student's Family Name First Name

SOCIAL SECURITY NUMBER

Local Mailing Address

TAMU ID NUMBER

City State Zip Code

Insurance Company Name

Home Phone Number

Insurance Company Address Line 1

Work Phone Number

Insurance Company Address Line 2

Email Address

Insurance Policy & Insured ID

Dept Name (if insured by TAMU) / Phone #

Name of Policy Holder / Relationship to student

Supervisor's Name / Assistantship End Date

Relationship of Insured Student to Policy Holder

Expected Graduation or Course Completion Date

Dates of Policy ____/____/____ thru ____/____/____
Coverage: Month Day Year Month Day Year

VISA Type Expiration Date

Insurance Company Phone Number and Fax Number

PART B.

1. I understand that while I am enrolled at Texas A&M University, I must maintain health insurance coverage that meets or exceeds the standards outlined by the University and I hereby agree to maintain such coverage.
2. I understand that if I fail to maintain the required coverage, I can be prevented from registering for classes.
3. I understand that Texas A&M has no responsibility to pay my health or sickness expense.
4. I understand that if I have Texas A&M University employee health insurance benefits, I am still required to obtain additional coverage for repatriation and evacuation.
5. I hereby authorize Texas A&M University to contact the insurance company specified above at any time to confirm that my health coverage is in force. I authorize the above named company to release any and all information pertaining to my health insurance coverage to Texas A&M University upon written or telephone request.

STUDENT CERTIFICATION

By signing my name below, I certify the information provided in **PART A** above is true and accurate, and I understand and agree to items 1 through 5 in **PART B**.

Student's Family Name (please print) First Name (please print)

Student Signature

Date

Bring a summary benefit list or copy of your insurance policy from your insurance company to:
(Must be in English with coverage amounts listed in US Dollars.)

Insurance Office
TAMU Student Health Services
1264 TAMU
College Station, TX 77843-1264
Fax: (979) 458-3553