

F-1 STUDENT HEALTH INSURANCE STUDENT ACKNOWLEDGMENT & INSURANCE PROVIDER CERTIFICATION FORM

_____ Last Name, First Name _____ Student ID# _____ Birthdate (mm/dd/yyyy)

Names of all F-2 Dependents Covered under this plan: _____

I acknowledge that University of Hawaii (UH) policy requires international students to provide evidence of comprehensive health insurance while I am enrolled at the University. I acknowledge that it is my responsibility to choose my own health insurance provider and to obtain the provider's certification that the plan meets specific minimum coverage requirements. I further acknowledge my responsibility to maintain insurance coverage and to submit this form at each and every renewal or change of provider. Further, I understand that University required minimum coverage levels may change each year and that I am responsible for updating my insurance in keeping with stated requirements.

I certify that I am covered by comprehensive health insurance as described below. I promise to remain covered by comprehensive health insurance throughout the time I am enrolled at the University. I acknowledge and agree that the University is not responsible for my health insurance or medical expenses. If I have dependents, all of my certifications, promises, acknowledgments, and agreements extend to my dependents as well as myself.

_____ Student Signature _____ Date _____ **@hawaii.edu** email address

The section below must be completed by the health insurance company:

Name(s) of insured individual(s):

_____ print full name _____ print full name

Insurance Provider: _____

Policy Number/Plan Type: _____ **Dates*:** _____ to _____
mm/dd/yyyy mm/dd/yyyy

***While enrolled at UH, you are required to have health insurance. The plan/policy must meet ALL of the following minimum coverage requirements (all amounts are in USD). Vision/dental coverage is not required.**

Agent: initial each line below to verify all coverage requirements.

- _____ *Comprehensive medical coverage = at least \$100,000 US per accident/illness
- _____ *Inpatient/Outpatient medical (including mental health) coverage at no less than 75% usual/customary charge (UCC)
- _____ *Repatriation (of remains) coverage to your home country = at least \$25,000 US
- _____ *Medical evacuation coverage to home country = at least \$50,000 US
- _____ *No more than \$500 US deductible per accident or illness
- _____ *Waiting period for pre-existing conditions no longer than 6 months

I certify that the minimum coverage requirements stated above are provided by this policy/plan. I am qualified to make this determination as an authorized agent/employee of the above insurance provider.

_____ **Print Name** _____ **Contact Information (email and/or phone number)**

_____ **Signature** _____ **Title** _____ **Date**

For UHM use only: **Approved for Term:** _____ **Until (date):** _____ **By:** _____ **Date:** _____
Disapproved for: Term: _____ For: Insufficient coverage: _____ Insufficient documentation: _____ By: _____ Date: _____

INSTRUCTIONS:
F-1 Student Health Insurance
Student Acknowledgment & Insurance Provider Certification Form

I. All UH Manoa F-1 students must complete & submit this form

Go to www.hawaii.edu/shs/international and click on "Insurance Clearance for F-1 Students" to see what documents are required and where to email them.

- A. Students who are on the [UH Student Plan](#) or the [UH Employer Plan \(EUTF\)](#) need to complete & sign the student section (top) of the form and email that to the student insurance office along with your other required documents.
- B. Students who are on any other insurance plan need to have the entire form completed & signed before submitting.

II. Top Portion of the Form (see sample "section A")

- A. Student to complete all the areas that are highlighted in yellow and sign & date the form
- B. Read the statement of acknowledgement carefully. The statement indicates that while you are enrolled at the University of Hawai'i (UH), it is your responsibility to maintain health insurance coverage for yourself & that your plan must meet UH's standards. It is also your responsibility to update your plan if the standards change, and to submit this form each time you renew your policy or change providers or plans.

III. Bottom Portion of the Form (see sample "section B")

This section does not need to be completed if you are on the UH Student Plan or the UH Employer Plan (EUTF).

- A. Your insurance company must complete all the areas that are highlighted in yellow and sign & date the form.
IMPORTANT: Your insurance company must initial each of the minimum coverage requirements
- B. University Minimum Coverage Requirements
Go to www.hawaii.edu/shs/international and click on "Health Insurance Requirements" for more information
 - 1. While enrolled at UH, you are required to have coverage that meet's UH's minimum requirements
 - 2. Comprehensive medical coverage = at least \$100,000 US per accident/illness
Your plan must provide medical benefits (doctor visits, hospital, surgery, laboratory tests, x-rays, etc.) of at least \$100,000 US (American dollars) for each accident or illness.
 - 3. Inpatient/Outpatient medical (including mental health) coverage at no less than 75% usual/customary charge (UCC)
Your plan must pay at least 75% of covered medical expenses (including mental health coverage) for both inpatient (stay at an inpatient facility/hospital) and outpatient (doctor's office, outpatient department of a hospital or ambulatory surgery center) services.
 - 4. Repatriation (of remains) coverage to your home country = at least \$25,000 US
If you should die in the U.S., your plan must provide at least \$25,000 US (American dollars) to send your body/remains back to your home country.
 - 5. Medical evacuation coverage to home country = at least \$50,000 US
If, due to a serious illness or injury, your doctor recommends that you return to your home country for treatment and/or recovery, your plan must provide up to \$50,000 US (American dollars) for you to return home.
 - 6. No more than \$500 US deductible per accident or illness
Your plan deductible cannot exceed \$500 US (American dollars) for each accident or illness. Most insurance plans require you to pay for part of your health expenses (this is called the deductible) before they will start to pay for any covered services. Some plans also have deductibles per year instead of per accident or illness. As long as your plan does not exceed the \$500 US deductible (per accident/illness or per year) then this requirement will be fulfilled.
 - 7. Waiting period for pre-existing conditions no longer than 6 months
Your plan cannot exclude coverage for any pre-existing conditions longer than 6 months. Some plans exclude pre-existing conditions while some plans might have a waiting period for pre-existing conditions. A waiting period means that your plan will not cover any pre-existing conditions for a certain amount of time; this waiting period can range from 6 to 18 months.

As long as your plan has either no exclusions for pre-existing conditions or a waiting period of 6 months or less, then this requirement will be fulfilled.

