

F-1 AND F-2 STUDENT INSURANCE COVERAGE EVALUATION FORM

This form must be submitted (may be faxed at 225-578-1413 or e-mailed to jgoodlo@lsu.edu) to I.S. by Tuesday, September 13, 2016 (absolute deadline date.)

NAME: \_\_\_\_\_ D.O. B.: \_\_\_\_\_ LSU-ID: 89- \_\_\_\_\_
Please Print (Last Name, First Name)

I certify that the above named individual and \_\_\_\_\_ dependents have insurance coverage for the period \_\_\_\_\_ through \_\_\_\_\_, which meets or exceeds the following as well as all mandated benefits(coverage must be begin on or before August 25, 2016 and end on or after December 10, 2016 at a minimum for Fall 2016 semester):

Explain if NO:

- Medical and accident coverage up to \$50,000 per accident or illness OR \$100,000 minimum aggregate YES [ ] NO [ ]
- Maximum deductible of \$500. For multiple party plans \$500 per person YES [ ] NO [ ]
- A U.S. representative "PHYSICALLY" located in the United States with a U.S. telephone number/contact who acts on behalf of insurance company/insurance plans: verification and processing ability YES [ ] NO [ ]
- Policy must cover office visits for non-emergency and emergency visits (No emergency care only policies will be accepted) YES [ ] NO [ ]
- Maternity visits must be paid as any other health condition. YES [ ] NO [ ]

NAME OF INSURANCE COMPANY: \_\_\_\_\_

AGENT REPRESENTING INSURANCE COMPANY: \_\_\_\_\_

Please print name

Signature of Agent \_\_\_\_\_ Date: \_\_\_\_\_
Policy No. \_\_\_\_\_
Phone number in United States \_\_\_\_\_
Address in the United States \_\_\_\_\_

I have enrolled in the above insurance program and verify that the above is true and accurate. I will continue to maintain this coverage and will notify your office of any changes and provide appropriate documents of any changes. I will provide documentation of continuation of the required coverage upon expiration of the policy as stated above. Furthermore, I will provide the ISO with a new F-1 Insurance Coverage Evaluation Form each and every semester, regardless of the insurance coverage end dates stated on any previously submitted forms.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Any fraudulent or misrepresented information will result in an official student misconduct report to the LSU Dean of Students' Office and possible University suspension. Upon such findings, Louisiana State University will have no responsibility (legal or financial) to any health issues that apply to and have been incurred by me, including death. The ISO reserves the right to investigate the validity of private policy benefits in order to meet all listed requirements.