

Troy University
Alternate Health Insurance Approval Request
Student Section

Troy University requires international students' alternate health insurance policy to meet or exceed all of the requirements listed below and be verified by the insurance provider:

1. Medical expenses incurred outside your home country must be equal to or greater than \$100,000.00 USD per accident/illness
2. 100 % coverage at the Student Health Center
3. 100% coverage for prescription drugs
4. Insurance will cover care provided by qualified, licensed medical doctors in qualified outpatient clinics or offices for covered illnesses/injuries
5. Deductible not to exceed \$50.00 USD per accident/illness
6. Expenses incurred as a result of pregnancy are treated to the same extent as any other sickness up to the maximum benefit (\$50,000.00 USD)
7. Insurance will cover medical evacuation as determined necessary and according to the conditions established in the policy, up to \$100,000.00 USD
8. Insurance will cover repatriation of remains, as determined necessary and according to the conditions established in the policy, up to \$100,000.00 USD
9. Accidental death benefit up to \$25,000.00 USD
10. Insurance company must have as A.M. Best rating of A- or above
11. Coverage must be from August 1 (or date of departure from home country) to a minimum of December 31. The renewal must be from January 1 to August 1.

If the alternate health insurance policy is not approved, the student will be required to have the Troy University International Student Health Insurance Plan.

STUDENT SECTION

Family Name: _____ First Name: _____

Troy Student ID#: _____ Insurance Policy: _____

Name of Spouse and/or dependents covered under insurance policy: _____

I request the insurance company to release the following information below to Troy University.

Student Signature

Date

This form must reach the Center for International Programs.

Troy University
Alternate Health Insurance Approval Request
INSURANCE PROVIDER SECTION

Providers are requested to fill out the required information and return the form directly to the Center for International Programs, Troy University, Troy, Alabama, 36082 U.S.A. or by fax to 1-334-670-3735.

Note to Provider: *Endorsement of this form guarantees to Troy University that the insurance coverage bought by the above named student and including any dependents covers all of the following requirements.*

Name of Insured Person/s: _____

Company Name: _____

Policy #: _____ Policy coverage dates: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Company contact person: _____

Signature: _____ Date: _____

Name & title of person filling out this form: _____

Please respond to the following, based on policy coverage:

- YES NO This policy covers the person named above for medical expenses incurred outside the student's home country equal to or greater than \$100,000.00 USD for each illness/accident.
- YES NO NO DEDUCTIBLE for treatment and services from the Student Health Center.
- YES NO The insurance does not limit the type of coverage to treatment obtained while being hospitalized. In other words, the insurance will cover care provided by qualified, licensed medical doctors in qualified outpatient clinics or offices for covered illnesses/injuries.
- YES NO The insurance company does not require a deductible that is greater than \$50.00 USD per accident/illness This does not include a charge that is greater than usual, customary and reasonable charges.
- YES NO Expenses incurred as a result of pregnancy are treated to the same extent as any other sickness up to the maximum benefit (\$50,000.00 USD) provided by the policy (as long as the individual meets the policy's criteria for eligibility).
- YES NO Prescription drugs are covered at 100%
- YES NO The insurance coverage includes medical evacuation, as determined necessary and according to the conditions established in the policy, up to \$100,000.00 USD.
- YES NO The insurance coverage includes repatriation of remains, as determined necessary and according to the conditions established in the policy, up to \$100,000.00 USD.
- YES NO The insurance coverage includes accidental death benefits up to \$25,000.00 USD.
- YES NO The insurance company secured meets the benefits requirements and must be underwritten by an insurance company corporation with an A.M. Best rating of A- or above, and the policy must be backed with full faith and credit of the government.

Effective dates of coverage (month/day/year): Begins: _____ Ends: _____
Troy University's policy is effective from August. 1 each year: Student's alternate policy
much be effective from August 1(or travel date in August) to December 31 at a minimum

Policy Exceptions _____

Return form to: Troy University
Center for International Programs, ISA
129 Pace Hall
Troy, Alabama 36082

Phone: 334-670-3736

Fax: 334-670-3735

Email: intlstu@troy.edu