

**Troy University  
Alternate Health Insurance Approval Request  
Student Section**

**Below are the Troy University Waiver Standards for the Troy University Mandatory Insurance Requirement. International students that already have a health insurance policy must demonstrate proof of insurance for themselves (and any accompanying dependents: spouse and/or children) by submitting a waiver application to Justin Lampley, International Student Advisor.**

For international students and their accompanying dependents, a comparable health insurance plan:

1. Must provide coverage for medical expenses incurred outside your home country up to \$500,000.
2. Must include coverage for all pre-existing conditions.
3. Must provide preventative care and FDA approved contraceptives covered at 100% (for plans that have in-network/out-of-network providers, coverage at 100% for in-network providers only is acceptable).
4. Must provide 100% coverage for prescription drugs.
5. Must be provided by a company licensed to do business in the United States with (a) a U.S. claim payment office, (b) a U.S. telephone number, and (c) plan literature available in English.
6. With a Deductible not to exceed \$50.00 USD per accident/illness
7. Must provide unlimited coverage for emergency medical evacuation.
8. Must provide unlimited coverage for repatriation of remains, repatriation clause cannot have exclusion for substance abuse or willfully self-inflicted injury/illness.
9. Must provide Accidental death benefit up to \$25,000.00 USD
10. Must be provided by an Insurance company with an A.M. Best rating of A- or above.
11. Must have Coverage dates from August 1 (or date of departure from home country) to a minimum of December 31. The renewal must be from January 1 to July 31.

**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 no later than 4:00 PM  
On Friday September, 2, 2016.***

**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: \_\_\_\_\_

**TROY UNIVERSITY ALTERNATE INSURANCE APPROVAL REQUEST**

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 up to \$500,000

YES NO This policy provides coverage for all pre-existing conditions.

YES NO This policy provides 100% coverage at all providers.

YES NO This policy does not require a deductible that is greater than \$50.00 USD per accident/illness.

YES NO This policy is provided by a company licensed to do business in the United States with (a) a U.S. claim payment office, (b) a U.S. telephone number and (c) plan literature available in English.

YES NO This 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 Expenses incurred as a result of pregnancy are treated to the same extent as any other sickness without limit.

YES NO Prescription drugs are covered at 100%

YES NO This insurance provides unlimited coverage for emergency medical evacuation.

YES NO This insurance provides unlimited coverage for repatriation of remains. The repatriation benefit does not have exclusions for substance abuse or willfully self-inflicted injury or illness.

YES NO This insurance includes accidental death benefits up to \$25,000.00 USD.

YES NO The alternate insurance company has an A.M. Best rating of A- or above.

Effective dates of coverage (month/day/year): Begins: \_\_\_\_\_  
Ends: \_\_\_\_\_

Troy University policy is effective from Aug. 1 each year: Student's alternate policy must be effective from August 1 (or travel date in august) to December 31. The renewal must be from January 1 to July 31.

Policy exceptions: \_\_\_\_\_

Return form to: Troy University, Justin Lampley  
International Student Advisor  
Troy, Alabama 36082

Phone: 334-808-6146

Fax: 334-670-3735

Email: [jlampley148421@troy.edu](mailto:jlampley148421@troy.edu)