Augustana College
International Student Insurance Plan Waiver
2013-2014

Augustana College requires all international students to maintain medical insurance that provides coverage in the United States and meets certain minimum benefit requirements. To ensure this, Augustana will automatically enroll all international students in Augustana's International Student Accident and Sickness Plan. The insurance premium will automatically be added to your bill. If students wish to have the plan waived, they must provide proof that their alternate policy provides benefits at least equal to those required by Augustana College. This compliance form must be used to provide information to Augustana College.

Instructions to Student: Ask your insurance company representative to complete this form and return it to Augustana College. If your representative has any questions regarding this form, please call the business office at (605) 274-5239.

Release Information: I hereby permit my insurance company to release the following information to staff persons at Augustana College. Also, I understand the international insurance requirements established by Augustana College and agree to abide by them. I understand that if the waiver is approved, it is only for school year 2013-2014. I further understand that I must apply for a waiver each year.

I understand that if my alternate insurance is not approved, this does not mean that Augustana College, or any of its employees, recommend that I cancel my existing, pending, or proposed insurance coverage. A denial implies only that the policy presented does not meet the minimum criteria established by the college with respect to specific medical insurance coverage criteria required for registration and/or enrollment.

Student Name ________________________________ Student ID number __ __ __ __ __ __ __ __

Student Signature ____________________________________ Date ______________________

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Instructions to Insurance Company: Please complete this form and mail to: **Augustana College, Business Office, 2001 S Summit Ave, Sioux Falls, SD 57197** or fax to (605) 274-4450 or email to businessoffice@augie.edu . Indicate the insured's name, the insurance company name, U.S. claims agent/ U.S. address/U.S. phone, policy number and dates of commencement and termination of coverage.

Student Name (Last/Family) ____________________________ (First) ____________________________

Insurance Company Name __________________________________ Policy Number ____________________

Date Coverage Begins __________________ Date Coverage Ends ___________________

U.S. Claims Agent U.S. Address ____

U.S. Claims Agent U.S. Phone Number ______________________________

The insurance policy must include the following basic benefits. Please state YES or NO for each item listed.

_____ 1. Coverage period until July 31, 2014
_____ 2. Basic Benefits: Room, board, hospital services, physicians fees, surgeon fees, ambulance, laboratory and diagnostic procedures for outpatient expenses paid 100% of usual and customary, reasonable (UCR) fees in U.S. currency.
_____ 3. Mental health care: reasonable expenses
_____ 4. Outpatient prescription medication coverage 50% of actual charge.
_____ 5. Repatriation: Up to $15,000 (coverage to return remains to the home country)
_____ 6. Medical evacuation: Maximum Lifetime Benefit up to $50,000 (to permit patient to be accompanied by an escort if directed by the Physician in charge.)
_____ 7. Aggregate Cap: $100,000 for covered injuries/illness per incident per individual student.
_____ 8. Claims Agent located in the United States.

I, ________________________________ a(n) _____________________ for ________________________________ have verified
(Representative's Name) (Position) (Insurance Company Name)
the information on this form and completed each item above. The insurance company listed above will pay their claims in U.S. funds. If the above noted policy is terminated, the insurance company will notify Augustana College immediately. As a representative for the insurance company I certify that the coverage indicated is now in force.

Signature __________________________________ Date ___________________________________

Telephone Number __________________________ Fax Number ____________________________

Deadline for receipt of this form is September 1, 2013.
Form must be received by the Business Office, Augustana College, Sioux Falls, SD 57197;
Fax (605)274-4450 or email businessoffice@augie.edu