



Insurance Form Valdosta State University

Center for International Programs

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Minimum Requirements:

The University System of Georgia requires all exchange students to have reasonable, comparable, creditable coverage to the current system-wide student health insurance plan provided. The following benefits must be included in your plan to be considered for a waiver.

- Both accident and sickness coverage
- **Minimum benefit \$100,000 per accident or sickness**
- Coverage for all pre-existing conditions
- Reasonable deductible and/or co-pay per individual, per year
- In-patient and outpatient, **mental and nervous disorder benefits**
- Substance and alcohol abuse treatment coverage
- Pay benefits worldwide
- Medical evaluation and family reunification of not less than \$10,000
- Provision for repatriation of not less than \$7,500
- All Georgia mandated requirements

Please visit <http://www.valdosta.edu/administration/finance-admin/auxiliary-services/student-health/insurance.php> to learn more about the waiver process. **If you believe that your health insurance plan meets the necessary requirements for a waiver, and would like to petition to have the mandatory health fee waived, you may do so by submitting a request to the insurance company United Health Care. You will be provided with exact instructions upon arrival.** Again, you must make sure that your policy covers the above mentioned benefits to be considered for a waiver.

If enrolled, do you intend to petition to have the mandatory health fee waived? Yes No

My signature below indicates that I have read and reviewed the above mentioned information and agree to comply by the insurance standards set by the University System of Georgia as well as Valdosta State University. I also understand that if I do choose to petition for a health fee waiver, it is my responsibility to do so at the United Health Care website <https://www.uhcsr.com/valdosta>, and it is within their rights to approve or deny my request.

<i>Applicant Name</i>	<i>Signature of Applicant</i>	<i>Date (mm/dd/yyyy)</i>
<i>Institutional Coordinator Name</i>	<i>Signature of Institutional Coordinator</i>	<i>Date (mm/dd/yyyy)</i>