

# INSURANCE COMPLIANCE FORM

VALID FROM 1 AUGUST 2007 UNTIL 31 JULY 2008

## **STUDENTS**

ODU requires all international students to subscribe to a health insurance plan that meets certain requirements. All students must have their insurance provider complete the certification below in English to verify that the company has coverage equal to or better than the coverage detailed below. If your insurance company does not meet the benefit requirements, it is will be necessary for you to purchase a supplemental policy or another insurance plan to ensure your insurance is sufficient.

First Name \_\_\_\_\_ Family Name \_\_\_\_\_

U.S. Address \_\_\_\_\_

UIN \_\_\_\_\_ Phone \_\_\_\_\_ ODU E-Mail \_\_\_\_\_

Insurance Provider Name \_\_\_\_\_

Start Date of Coverage \_\_\_\_\_ End Date of Coverage \_\_\_\_\_

Name(s) of Dependents Also Covered With This Policy: \_\_\_\_\_

**I request the above-named company provide the information below and on the second page of this form.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **INSURANCE PROVIDER**

Please fill in the information below and on the second page of this form and return it directly to our office via fax, e-mail attachment or post.

*Old Dominion University  
English Language Center  
Hughes Hall, Rm 1114  
Norfolk, VA 23529*

*T: 757.683.4424 ☐ F: 757.683.4640 ☐ E: [elc@odu.edu](mailto:elc@odu.edu)*

**NOTE:** Endorsement of this form guarantees to Old Dominion University that the insurance coverage bought by the above-named student (plus any dependents) covers all of the requirements below and on the second page.

Company Name \_\_\_\_\_

Name of Person Completing This Form \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Title \_\_\_\_\_ E-Mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Old Dominion University Insurance Benefit Requirements

Please indicate below whether or not the insurance plan purchased by the student meets each of the following requirements.

- Yes  No The health insurance plan provides benefits for treatment that is medically necessary for most accidents or sicknesses, allowing specific exclusions and limitations, as identified in the insurance policy.
- Yes  No Expenses incurred as the result of pregnancy are treated the same as any other illness and payable to the policy maximum.
- Yes  No The insurance policy does not discriminate according to age or sex.
- Yes  No The maximum benefit for covered medical expenses is at least \$100,000 per accident or illness. (A lifetime limit of \$100,000 will not satisfy this requirement.)
- Yes  No Expenses incurred at the Student Health Center are payable at 100% without a deductible.
- Yes  No Outpatient prescription drugs are covered at 100% after a deductible/co-pay of no more than \$25. Note: Prescription drugs dispensed at the Student Health Center are covered at 100%, including oral contraceptives.
- Yes  No The insurance policy **does not** limit benefits for services such as the following:
  - Inpatient or outpatient surgery
  - X-rays, labs, CT scans and other miscellaneous services
  - Daily hospital room and board
- Yes  No The policy includes a local and a national PPO network which includes the major local hospitals and adequate physician access within in most specialties.
- Yes  No Medical evacuation is covered for at least \$25,000 per accident or sickness during all periods of coverage.
- Yes  No Repatriation of remains is covered for at least \$15,000 per accident or sickness during all periods of coverage.
- Yes  No The insurance coverage includes accidental death benefits of at least \$15,000.
- Yes  No The insurance company must comply with all Commonwealth of Virginia mandates for group health insurance plans.
- Yes  No The insurance company is licensed in the Commonwealth of Virginia.
- Yes  No A brochure (in English) must be provided which accurately reflects the coverage that meets these guidelines.