

HEALTH INSURANCE ANALYSIS FORM

Student Name (print):		Date:
SUID:	Email:	
Marital Status (circle):	Single Married (spouse in U.S.)	Gender (circle): Male Female
How many dependents (spouse or children) will be in the U.S. with you?		

Insurance Plan Being Submitted *(attach copy of plan description)*

Name of Plan:		
Valid from	to	Minimum of 12 months
Total Medical Benefits Amount (in US\$):		Must be at least \$50,000
What are your renewal options? (circle) Month-to-month 3 mos. 6 mos. 9 mos. 12 mos. Other		

* Please note that nearly all insurance policies do not cover health related expenses incurred due to alcohol, drugs, or expenses related to outdoor official intramurals and adventure sports such as skiing or rafting.

Plan Analysis *(student completes and provides highlighted copy of plan)*

MEDICAL BENEFIT ITEM	COVERED BY PLAN	NOT COVERED BY PLAN
Physician		
Surgery		
Emergency Room		
Ambulance		
Misc Hospital Expense		
Mental & Nervous		
Out-Patient and In-Patient		
Repatriation (at least \$7,500)		
Medical Evacuation (at least \$10,000)		
Pregnancy		
New Born Infant		
Deductible (not to exceed \$100)		

Slutzker Center Completes Below

Meets Requirements:	Yes	Yes, with qualifications	No
Recommendations or comments:			
Reviewed by:			Date: