

# University of Hawaii at Hilo

## Health Insurance Form

### for F-1 International Students

The University of Hawaii (UH) requires all international students on F-1 student visas to have health insurance. Students may purchase the University of Hawaii student health insurance plan or purchase an insurance plan from a US-based company or from a health insurance company in your home country. The health insurance plan must meet all of the following requirements:

1. You are required to have health insurance for each semester that you are enrolled in classes.  
*Your plan must cover you for the entire period of enrollment. If you will be attending UH Hilo for more than one year, you may purchase health insurance for one year at a time.*
2. Comprehensive medical coverage = at least \$100,000 US per accident/illness.  
*Your plan must provide medical benefits (doctor visits, hospital, surgery, laboratory tests, x-rays, etc.) of at least \$100,000 US for each accident or illness.*
3. In-patient/out-patient medical (including mental health) coverage at no less than 75% of the usual/customary charge.  
*Your plan must pay at least 75% of covered medical expenses (including mental health coverage) for both in-patient (stay at an in-patient facility/hospital) and out-patient (doctor's office, out-patient department of a hospital or ambulatory surgery center) services.*
4. Repatriation coverage = at least \$25,000 US.  
*If you should die in the U.S., your plan must provide at least \$7,500 US to send your body/remains back to your home country.*
5. Medical evacuation coverage to your home country = at least \$10,000 US.  
*If your doctor recommends that you return to your home country for treatment and/or recovery due to a serious illness or injury, your plan must provide up to \$10,000 US for you to return home.*
6. No more than \$500 US deductible per accident or illness.  
*Your plan deductible cannot exceed \$500 US for each accident or illness. Most insurance plans require you to pay for part of your health expenses (this is called the "deductible") before they will start to pay for any covered services. Some plans also have deductibles per year instead of per accident or illness. As long as your plan does not exceed the \$500 US deductible (per accident/illness or per year), then this requirement will be fulfilled.*
7. May require a waiting period for pre-existing conditions that is reasonable under current industry standards (typically no longer than 6 months).  
*Your plan may require a waiting period to cover pre-existing conditions, but the waiting period should be reasonable under current industry standards (typically no longer than 6 months). A waiting period means that your plan will not cover any pre-existing condition for a certain amount of time.*

## INSTRUCTIONS

1. Fill out Section A and B of the form.
2. If you are purchasing the University of Hawaii student health insurance plan (<http://www.hmsa.com/portal/?gid=student>), you do **not** need to fill out Section C.
3. Your insurance company must complete all parts of Section C and sign and date the form.  
**IMPORTANT:** Your insurance company must initial each of the minimum coverage requirements.
4. This form AND a copy of your health insurance plan may be emailed, mailed or personally delivered to the University of Hawaii at Hilo International Student Services Office:

International Student Services  
University of Hawaii at Hilo  
200 W. Kawili Street  
Hilo, Hawaii 96720  
USA  
Email: [mellon@hawaii.edu](mailto:mellon@hawaii.edu)

**UNIVERSITY OF HAWAII AT HILO  
F-1 STUDENT HEALTH INSURANCE FORM**

**SECTION A**

\_\_\_\_\_

Last Name, First Name

UH Student ID #

Name of all F-2 Dependents covered under this plan (*leave blank if none*): \_\_\_\_\_

I acknowledge that University of Hawaii (UH) policy requires international students to have health insurance for every term I am enrolled at the University. If I choose a health insurance plan other than the University student health insurance plan, I agree to obtain the insurance company's certification that the plan meets the University's minimum requirements.

\_\_\_\_\_

Student Signature

Date

**SECTION B** (*Check one*)

- I will purchase the University of Hawaii student health insurance plan. If you will purchase the University of Hawaii student health insurance plan, attach a copy of your receipt with this form.
- I will purchase a different health insurance plan.

**SECTION C**

**This section below must be completed by the health insurance company if you will NOT be purchasing the University of Hawaii student health insurance plan.**

**Name(s) of insured individual(s):**

\_\_\_\_\_

Student's name (*please print*)

Dependent's name (*if any*)

**Health Insurance Company:** \_\_\_\_\_

**Policy Number/Plan Type:** \_\_\_\_\_

**Coverage Period: From:** \_\_\_\_\_ (*mm/dd/yyyy*) **to** \_\_\_\_\_ (*mm/dd/yyyy*)

**While enrolled at the University of Hawaii at Hilo, international students are required to have health insurance that meets ALL of the following minimum coverage requirements (all amounts are in USD). Vision and dental coverage is not required. *Health insurance company: Initial each line below to verify all coverage requirements.***

- \_\_\_\_\_ Comprehensive medical coverage = at least \$100,000 US per accident/illness
- \_\_\_\_\_ In-patient/Out-patient medical (including mental health) coverage at no less than 75% usual/customary charge
- \_\_\_\_\_ Repatriation coverage = at least \$25,000 US
- \_\_\_\_\_ Medical evacuation coverage to home country = at least \$10,000 US
- \_\_\_\_\_ No more than \$500 US deductible per accident or illness
- \_\_\_\_\_ May require a waiting period for pre-existing conditions that is reasonable under correct industry standards (typically no longer than 6 months)

**I certify that the minimum coverage requirements stated above are provided by this policy/plan. I am qualified to make this determination as an authorized agent/employee of the above insurance provider.**

\_\_\_\_\_

Print Name

Contact Information (email and/or phone number)

\_\_\_\_\_

Signature

Title

Date