HEALTH INSURANCE

All students must have valid health insurance that provides coverage during your stay in the United States. Healthcare costs in the U.S. are very expensive. Carefully consider the insurance coverage you feel is best to fit your medical, dental, medication/prescription, and vision care needs. There are many health/medical insurance companies that offer plans for international students which will provide you with the required minimum coverage.

REQUIRED MINIMUM COVERAGE:

- Medical benefits of at least $100,000 per accident or illness
- Payment for repatriation (preparation and transportation of remains to home country) in case of death covering $25,000
- Payment for medical evacuation (transportation to home country on advice of physician) covering $50,000
- A deductible not to exceed $500 per accident or illness

IMPORTANT NOTE: When researching the insurance plans, it is STRONGLY SUGGESTED that you research how you would make a claim with each company should you need to use your insurance and confirm that you would be covered in the Lancaster, Pennsylvania area.

COVERAGE DATES: If you plan to arrive earlier or stay longer once classes end, ensure that you have coverage for the time that you are in the U.S. MU’s academic calendar dates:

- **Academic Year:** August 23rd, 2017 – May 12th, 2018
- **Fall Semester:** August 23rd, 2017 – December 17th, 2017
- **Spring Semester:** January 17th, 2018 – May 12th, 2018

INSURANCE OPTIONS: The list of insurance providers below is a sample of various providers available to you. The plan listed with each insurance provider is the lowest plan available that meets the required coverage you must have. You may, if you wish, purchase a different plan with the insurance provider which offers additional coverage for dental, medications/prescriptions, vision, and so on.

- **ISO Insurance:** [www.isoa.org](http://www.isoa.org)
  - **Plan:** J1 Exchange Plan
  - **Benefits**

- **International Student Insurance:** [www.internationalstudentinsurance.com](http://www.internationalstudentinsurance.com)
  - **Plan:** Smart Plan
  - **Benefits:** Click the name of the plan on the webpage to review the benefits.

- **Visitors Coverage Insurance:** [www.visitorscoverage.com](http://www.visitorscoverage.com)
  - **Plan:** Patriot Exchange
  - **Benefits:** Click the Policy Brochure on the link provided to review the benefits.

- **Compass Student Health Insurance:** [www.compassstudenthealthinsurance.com](http://www.compassstudenthealthinsurance.com)
  - **Plan:** Compass Care (Option A or B only)
  - **Benefits:** Click the PDF document on the link provided to review the benefits.

- **BETINS Insurance:** [http://www.betins.com](http://www.betins.com)
  - **Plan:** Liaison Student (All Liaison Student plans meet requirements)
  - **Benefits**

- **iNext:** [www.inext.com](http://www.inext.com)
  - **Plan:** iNext Essential
  - **Benefits**
Health Insurance Information Sheet  
For F-1 or J-1 Students

This form is used by F-1 and J-1 students whose I-20/DS 2019 was issued by Millersville University. Instructions: Read this information carefully. Failure to follow instructions may result in a delay in processing. When researching the insurance plans, it is STRONGLY SUGGESTED that you research how you would make a claim with each company should you need to use your insurance and confirm that you would be covered in the Lancaster, Pennsylvania area.

### CHECKLIST OF REQUIRED DOCUMENTS
- ☐ This completed Health Insurance Information Sheet.
- ☐ A copy of your insurance plan details in English.
- ☐ Proof of enrollment in the insurance plan, such as a copy of your insurance card or your certificate of insurance. If your insurance plan covers your dependents, please also attach proof that they are covered by the plan.

### COMPLETE THIS SECTION

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Millersville University ID # (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male</td>
<td></td>
</tr>
<tr>
<td>☐ Female</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (month/day/year)</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Visa Type</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ F-1</td>
<td>☐ Graduate Student</td>
</tr>
<tr>
<td>☐ J-1</td>
<td>☐ Undergraduate Student</td>
</tr>
<tr>
<td></td>
<td>☐ ELI Student</td>
</tr>
</tbody>
</table>

### INSURANCE INFORMATION

Please Select:
- ☐ ISO Insurance (J1 Exchange Plan)
- ☐ International Student Insurance (Smart Plan)
- ☐ Visitors Coverage Insurance (Patriot Exchange)
- ☐ Compass Student Health Insurance (Compass Care A or B)
- ☐ BETINS Insurance (Liaison Student Plan G)
- ☐ iNext(iNext Essential)
- ☐ Other (If you choose other, please complete the waiver below)

**Type of Insurance Coverage:**
- ☐ Self
- ☐ Self+ Spouse
- ☐ Self+ 1 child
- ☐ Self+ 2 or more in family

<table>
<thead>
<tr>
<th>Coverage Dates</th>
<th>Name of Insurance Company</th>
<th>Policy Number</th>
<th>Is coverage provided by a family member</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Year: August 24, 2016 – May 13, 2017</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Full Year: August 24th, 2016- August 23th, 2017</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Fall Semester: August 24, 2016 – December 18, 2016</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Spring Semester: January 23, 2017- May 13, 2017</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

### WAIVER INFORMATION

**Is there a U.S. phone number for the insurance claims agent?**
- ☐ Yes ☐ No

**Is this insurance cover “emergencies only”?**
- ☐ Yes ☐ No

**Does this insurance plan provide medical benefits of US $100,000 or more per accident or illness?**
- ☐ Yes ☐ No

**Does this insurance plan have a deductible of no more than $500 per accident or illness?**
- ☐ Yes ☐ No

**Does this insurance plan cover at least 90% of usual and customary charges for prescription drugs?**
- ☐ Yes ☐ No

**Does this plan have a “medical evacuation to home country” benefit of at least $50,000**
- ☐ Yes ☐ No

**Are there any differences between coverage for the primary insured and dependents?**
- ☐ Yes ☐ No

If yes, please specify:

### REQUIRED

This is to certify that the information given on this form is complete and accurate to the best of my knowledge. Millersville University reserves the right to require additional documentation regarding health insurance coverage.

**Declaration:**

_________________________ hereby promise that the information provided is correct and complete.

(Printed name)

I understand I ultimately am responsible for all anticipated yearly expenses for the length of my stay at Millersville University. I understand that these documents will not be returned to me.

Signature ______________________ Date _____________