

Student Health Insurance

A REQUIREMENT FOR INTERNATIONAL STUDENTS ENROLLED AT TEXAS A&M UNIVERSITY

In the United States it is up to each person to provide for their own and their family's health care expenses. International students (those who are not US citizens or permanent residents of the US) enrolled at Texas A&M, are required to have an approved health insurance plan. This is to ensure that medical treatment will be available in the event of injury or illness while enrolled here. This requirement includes students enrolled in intensive English language programs. Students are encouraged to obtain the Texas A&M University System approved student health insurance plan.

REQUIREMENTS

Medical benefits of at least \$50,000 per accident or illness, **and**

Repatriation of remains in the amount of \$7,500, **and**

Medical evacuation to one's home country of at least \$10,000, **and**

A deductible not to exceed \$500 per accident or illness, **and**

The health insurance company offering the policy must:

have a Best or Standard and Poor's rating of at least "A-", **or** a Weiss Research Inc. rating of at least B+, **or** an Insurance Solvency International, Ltd. rating of at least "A-i", **or** be backed by the full faith and credit of the student's home country government.

YOU CAN MEET THIS REQUIREMENT IN ANY ONE OF FOUR WAYS:

1. Students may purchase the Texas A&M University System approved Student Health Insurance Plan. This plan has been reviewed by the University and meets all requirements.

Guarantee Trust Life Insurance Company
111 East University Suite 150
College Station, TX 77841
(409) 260-9629
*Previously known as **Boston Mutual Life***

2. Students may purchase health insurance coverage other than the Texas A&M University System approved Student Insurance Plan if it has "equivalent coverage". This alternate policy must meet the specified requirements.
3. If you are a sponsored student whose program is coordinated by the Sponsored Student Unit of International Student Services at Texas A&M, and your sponsor requires you to have health insurance coverage in order to participate in your program, you are not required to purchase additional health insurance coverage.
4. If you will be eligible to receive University health insurance coverage through your employment at Texas A&M University as a budgeted faculty or staff member working a minimum of 20 hours a week (including 50% time graduate assistantships) you are required to purchase coverage for medical evacuation and repatriation. You must provide evidence of coverage.

Texas A&M University Student Health Insurance Verification

PART A.

Student's Family Name	First Name	SOCIAL SECURITY NUMBER
Local Mailing Address		TAMU ID NUMBER
City	State	Zip Code
Name of Insured Person (Family Member)		Relationship to Student listed above
Insurance Company Name		
Insurance Company Address		
Insurance Company Phone Number/Fax Number		
Policy Holder ID number	Policy Number	
Dates of Coverage: ____/____/____ through ____/____/____ Month Day Year Month Day Year		

PART B.

- 1 I understand while I am enrolled at Texas A&M University I must maintain health insurance coverage that meets or exceeds the standards outlined by the University and I hereby agree to maintain such coverage.
1. I also understand if I fail to maintain the required coverage, I can be prevented from registering for classes.
2. I understand Texas A&M has no responsibility to pay my health or sickness expense.
4. I understand that if I have Texas A&M University employee health insurance benefits, I am still required to obtain additional coverage for repatriation and evacuation.
5. I hereby authorize Texas A&M University to contact the insurance company specified above at any time to confirm my health coverage is in force and authorize the above named company to release any and all information pertaining to my health insurance coverage to Texas A&M University upon written or telephone request.

STUDENT CERTIFICATION

By signing my name below, I certify the information provided in **PART A** above is true and accurate, and I understand and agree to items 1 through 5 in **PART B**.

Family Name, First Name (please print)

Student Signature

Date

**Bring a summary benefit list or copy of your insurance policy from your insurance company to:
(Must be in English with coverage amounts listed in US Dollars.)**

Insurance Office Room 119
A.P. Beutel Health Center
Texas A&M University