



## UST INTERNATIONAL STUDENT HEALTH INSURANCE REQUIREMENTS

As a UST international student you are also required to have medical insurance. Health Insurance must meet the following requirements:

- Medical benefits of at least \$50,000 per accident or illness
- Repatriation of remains in the amount of \$7,500. (If a person dies in a foreign country, he or she is "repatriated" when his or her body is returned to the native country. Repatriation insurance is used for transportation expenses related to returning the deceased to his or her native country.)
- Expenses associated with medical evacuation of the student to home country of up to \$10,000
- A deductible not to exceed \$500 per accident or illness that meets other standards specified in the regulations.

By signing below, I understand and agree that, as an international student at University of St. Thomas (UST), I must be covered by health insurance in the amounts specified for "Exchange Visitors" by the United States Government and required for all international students by UST. These requirements are set forth above. Further, I understand and agree that, should UST learn that I have not maintained the required health insurance, my failure to comply with UST policy will be reported and I may be withdrawn from UST.

In addition, I understand that my home country's health insurance may not apply to me while I am in the United States. I further understand that my UST general fees do not include the health insurance required, but that I may purchase an appropriate student health insurance policy through UST's International Student Office.

Check the correct box below:

- I want to purchase the required health insurance through UST's International Student Office and will do so when I arrive on campus.
- I do not want to purchase the University's student health insurance. I agree to maintain the appropriate health insurance through other sources.

I understand the above INS and UST requirements. I understand that failure to comply with any of the above may result in my becoming out of status as an F-1 student. Please sign and print your name below:

\_\_\_\_\_  
Student's Name (Printed)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date