



Student Name: _____
Last First Middle Initial

Student ID: _____ **Date of Birth:** _____

A. I need to enroll in OUAZ sponsored primary health insurance plan! Yes No

(If your answer is yes to statement A, we will enroll you in the OUAZ United Health Care insurance plan. You may skip questions 1 through 17 and sign, date, and return the form. If your answer is NO, complete the following 17 questions and then sign, date, and return the form.)

1. Do you have current and active health insurance? (I understand that my insurance company may be contacted to confirm coverage on a periodic basis.) Yes No
2. Does your insurance provide coverage for the entire academic year? Yes No
3. Does your insurance provide coverage through the current semester? Yes No
4. I certify that I have a medical insurance plan in place and acknowledge that I am responsible for payment of all fees for medical and mental health treatment not covered by my health insurance plan. Yes No
5. Does your plan comply with all applicable ACA requirements; therefore your plan is also not a short term medical policy? (Unlimited lifetime maximum, coverage for essential health benefits, and coverage for pre-existing conditions) Yes No
6. I can confirm my deductible does not exceed more than \$2000 In-Network, per person, per plan year. Yes No
7. My plan provides benefits for outpatient medical (including primary-care and specialist office visits), outpatient mental health, pharmacy, and ancillary services. Coverage for emergency-only care does not satisfy this requirement. Yes No
8. My plan has local participating hospital facilities, physicians, pharmacies, medical equipment vendors, and mental health care providers within a 50 mile radius of 85374 and/or provides out-of-network coverage for such services. Yes No
9. My plan is underwritten by a company licensed to do business (or domiciled) in Arizona. Yes No
10. The claims administrator for my plan is based in the United States and has a US telephone number and address for the submission of claims. Yes No
11. My plan is administered by an insurance company with a licensed claims office in the United States, and this claims office has a toll free telephone line for claims inquiries. Yes No
12. My current health insurance plan provides coverage for intercollegiate sports injuries and therefore does not exclude intercollegiate sports. Yes No
13. Is your policy written in English? Yes No
14. Repatriation of remains in the amount of at least \$25,000 and Medical evacuation to one's home country in the amount of at least \$50,000? Yes No
15. Accident and Sickness coverage of at least \$500,000 per policy year with unlimited annual policy maximum? Yes No
16. Does your insurance comply with both F-1 and J-1 Visa Requirements? Yes No
17. Can you confirm that your insurance is NOT a reimbursement or travel policy? Yes No

STUDENT SIGNATURE:

Student Signature

Date