

**UNIVERSITY OF NEW ORLEANS**  
**J-1 INSURANCE COVERAGE EVALUATION FORM—SPRING 2025**

This form must be submitted to the Office of International Students and Scholars at [oiss@uno.edu](mailto:oiss@uno.edu) by 4:30 p.m. on Friday, January 17, 2025. No late requests will be accepted.

Last Name:  First Name:  UNO ID NUMBER:

I certify that the above named individual and  dependents have insurance coverage for the period  through  that meets or exceeds requirements listed below (coverage must begin on or before 01/08/2025 and end on or after 05/31/2025 for Spring 2025).

- Medical and accident coverage up to \$100,000 per accident or illness OR \$200,000 minimum aggregate YES / NO
- Maximum deductible of \$100 in network and \$500 out of network per person per accident or illness. YES / NO
- A U.S. representative physically located in the United States with a U.S. telephone number/contact who acts on behalf of insurance company/insurance plans: verification and processing a bility. YES / NO
- The insurance policy is underwritten by an insurance corporation with an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-I" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above. YES / NO
- Policy must cover office visits for non-emergency and emergency visits. (No emergency care only policies will be accepted.) YES / NO
- Must cover medically necessary diagnostic x-ray services, laboratory procedures, and tests. YES / NO
- Must cover pre-existing conditions after 6 months or less with coverage of at least \$1,000. YES / NO
- Maternity visits must be paid as any other health condition. YES / NO
- Minimum coverage of \$25,000 repatriation of mortal remains to home country. (Must cover pre-existing condition related deaths.) YES / NO
- \* Minimum coverage of \$50,000 medical evacuation of the student to his/her home country. YES / NO

\*Repatriation and medical evacuation coverage can be purchased separately for those students whose policies lack this coverage. Students must submit proof of separate repatriation and evacuation coverage for the waiver to be approved.

NAME OF INSURANCE COMPANY (print)

AGENT REPRESENTING INSURANCE COMPANY (print)

Signature of Agent \_\_\_\_\_

Date  Policy No.

Phone number in United States

Insurance company address in United States

I have enrolled in the above insurance program and verify that the above is true and accurate. I will continue to maintain this coverage and will notify OISS of any changes and provide appropriate documents of any changes. I will provide documentation of continuation of the required coverage upon expiration of the policy as stated above. Furthermore, I will provide the Office of International Students and Scholars with a new J-1 Insurance Coverage Evaluation Form each and every semester, regardless of the insurance coverage end dates stated on any previously submitted forms.

Signature of Student(Required): \_\_\_\_\_ Date: