



## Health Insurance Coverage for International Students

### POLICY STATEMENT

#### General Policy:

The University of Mississippi requires that all non-U.S. citizens (=international) students who hold a **temporary nonimmigrant** visa/status and who enroll in academic courses have adequate health (medical, accident and medical repatriation/evacuation) insurance coverage. Therefore, all non-immigrant international students, with the exception of those holding H1 status, will be automatically enrolled in the university contracted student health insurance policy upon their registration for university courses in fall and spring semesters, with the cost of such policy subsequently added to the respective student's bursar bill, or remitted via payroll deduction in the case of graduate assistants.

International students who hold Permanent Resident, or Deferred Action or related status in the USA are not considered to hold "temporary nonimmigrant visa/status" and are exempt from the Health Insurance Requirement for International Students. However, such students may enroll in the AETNA plan as "Affiliated International Students". See Office of International Programs for more info.

#### How Health Insurance Costs are Charged:

- **Undergraduate International Students:**
  - **Non-immigrant** international students (with the exception of H1) are charged for the cost of health insurance for the term after registering for courses for that term (Fall or Spring). Such charges are made through their Bursar account.
- **Graduate International Students:**
  - **Non-Immigrant** international students are charged for the cost of health insurance for the term after the 10th instructional day once their "graduate assistantship status" is assessed.
    - International graduate students who serve as Graduate Assistants are charged for the cost of the unsubsidized portion of the health insurance through their payroll accounts.
    - International graduate students who do not serve as Graduate Assistants are charged through their Bursar account.
  - Note that all Graduate Assistants, regardless of legal status or citizenship, are charged for the cost of the unsubsidized portion of the university-mandated health insurance plan (AETNA) through their payroll accounts per the policy of the Graduate School.

#### Exemptions to the General Policy will be considered on the basis of the conditions listed below:

- International non-immigrant students whose spouse or parent(s) resides in one of the 50 U.S. states and whose health is covered by the spouse or parent's medical /health insurance coverage.
- International non-immigrant students in a period of approved Academic Training, Optional or Curricular Practical Training who are enrolled in a health insurance plan offered by their employer, provided they are enrolled in medical repatriation/evacuation insurance coverage during the exemption period. Please note that medical repatriation/evacuation insurance coverage is available as a stand-alone plan through the University's health insurance provider. See: [www.studentinsure.com/](http://www.studentinsure.com/).
- International non-immigrant graduate students who have completed all course requirements of their academic program, who are completing their theses or dissertation research in their home country where their next of kin (father, mother or spouse) also reside.
- International non-immigrant graduate students who have completed all course requirements of their academic program, who are completing their theses or dissertation research while being employed, and who are enrolled in a health insurance plan which includes medical, accident and medical repatriation/evacuation insurance coverage offered by their employer. Please note that medical repatriation/evacuation insurance coverage is available as a stand-alone plan through the University's health insurance provider. See: [www.studentinsure.com/](http://www.studentinsure.com/).



- International degree or non-degree seeking non-immigrant students who have health insurance coverage (medical, accident and medical evacuation/repatriation) through the sponsorship of an agency which is responsible for their educational expenses, including their medical coverage, provided they meet the conditions below, and that, additionally, those who hold J status meet or exceed the insurance coverage requirements of the Exchange Visitor Program as set by the U.S. Department of State (DOS) Bureau of Education and Cultural Affairs. (Please see below for U.S. DOS Insurance Coverage Requirements for Exchange Visitors).
  - **Degree Program Students** enrolled at the University who have health insurance through the sponsorship of an agency which is responsible for their educational expenses and medical coverage, which includes health, accident and medical evacuation/repatriation insurance.
    - Requests for exemption from the university contracted student health insurance policy as well as supporting documentation must be submitted by stated deadlines to the Office of International Programs at the University of Mississippi for verification and consideration for approval.
  - **International Exchange/Visiting (non-degree program) Students** enrolled at the University under an International Exchange Agreement between the student's home institution and the University of Mississippi, whose health is insured by an insurance provider which is endorsed by the home institution and whose coverage meets or exceeds the J-1 insurance requirements of the Exchange Visitor Program by the U.S. Department of State.
    - Requests for exemption from the university contracted student health insurance policy must be coordinated between the home institution and UM's Office of Study Abroad as part of the exchange agreement. Supporting documentation must be submitted by stated deadlines well in advance of an exchange/visiting student's arrival on campus.
  - **Intensive English Program Students** who are neither admitted or enrolled at the University under the status of Exchange, Degree Seeking, or Non Degree Seeking Visitor who have health insurance through the sponsorship of an agency which is responsible for their educational expenses and medical coverage, which includes health, accident and medical evacuation/repatriation insurance.
    - Requests for exemption from the university contracted student health insurance policy as well as supporting documentation must be submitted by stated deadlines to the Intensive English Program at the University of Mississippi Office for verification and consideration of approval. The Intensive English Program must subsequently submit the exemption requests and supporting documents by stated deadlines to the Office of International Programs. The Office of International Programs will adjudicate the exemption requests, notify individual students by the stated effective dates and make the requisite arrangements for approved exemption-requests to go into effect.
- International Research Scholars in J-1 status and those in J-2 dependent status who are enrolled in academic courses and provide proof of health insurance coverage which meets or exceeds the insurance coverage requirements of the J Exchange Visitor Program by the U.S. Department of State (DOS) Bureau of Education and Cultural Affairs. (Please see below for U.S. DOS Insurance Coverage Requirements for J Exchange Visitors). (Note: The current Mississippi State Employees Health Insurance Plan does not meet the U.S. DOS requirements.)
- International non-immigrant undergraduate or graduate students who enroll in a study abroad program through the University of Mississippi Study Abroad Office and are covered under the University of Mississippi's study abroad insurance policy.
- International non-immigrant employees (not including Graduate Assistants) of the University, other than those on J-1, J-2 or H-1 status, enrolled in academic courses, who provide proof of enrollment in the (Mississippi) State Employees Health Insurance Plan.
- Permanent Residents who are enrolled as Graduate Students and who hold a Graduate Assistantship may be exempted from the Health Insurance Policy per the processes of the Graduate School.



**Request for Exemption Processes**

• **Non-Immigrant International Students**

- Requests for an exemption from the university contracted student health insurance policy must be made in writing using the Insurance Exemption Request and Agreement Form, available at the Office of International Programs' office or website.
- Exemptions, if approved, will be granted on a term by term basis i.e. Fall (generally mid-August to end of December) and Spring (generally January to mid-August).
- Deadlines for submission of requests for an exemption from the contracted student health insurance policy are listed in the table below.

• **Permanent Residents** who are enrolled as Graduate Students and who hold a Graduate Assistantship must follow the instructions for exemption as set by the *Graduate School*.

<b>International Student Type (Non-Immigrant Only)</b>	<b>Students must submit Insurance Exemption Request and Agreement Forms with Supporting Documentation to:</b>	<b>Students must submit Exemption Requests by stated deadlines:</b>	<b>Requests must be forwarded by Unit to the Office of International Programs by stated deadlines*:</b>
International Degree Program Students	Office of International Programs	10 <sup>th</sup> day of classes of the semester/year for which an exemption is being requested (fall or spring only)	
International Exchange / Visiting Students (studying at UM for only e.g. one semester, one year)	Office of Study Abroad	30 days prior to the start of semester/year for which an exemption is being requested. (fall or spring only)	1 <sup>st</sup> day of classes of the semester/year for which an exemption is being requested
International Intensive English Program Students (IEP-Only students, not including those who are conditionally admitted to a degree program or those on Exchange/Visiting Student status)	Intensive English Program	5 <sup>th</sup> day of classes of the semester/year for which an exemption is being requested. (fall or spring only)	10 <sup>th</sup> day of classes of the semester/year for which an exemption is being requested
International Research Scholars in J-status and those with J-2 dependent status who are enrolled in academic courses	Office of International Programs	10 <sup>th</sup> day of classes of the semester/year for which an exemption is being requested. (fall or spring only)	
International Employees of the University of Mississippi enrolled in academic courses	Office of International Programs	10 <sup>th</sup> day of classes of the semester/year for which an exemption is being requested. (fall or spring only)	
International undergraduate or graduate students who enroll in a study abroad program through the University of Mississippi Study Abroad Office	Office of International Programs	10 <sup>th</sup> day of classes of the semester/year for which an exemption is being requested. (fall or spring only)	

\* Exemptions approved by OIP, go into effect after the 10<sup>th</sup> instructional day of the semester for which the exemption request was submitted.



**FOR J-1 SCHOLARS and STUDENTS ONLY**

**U.S. Department of State's Insurance Coverage Requirements for Exchange Visitors<sup>1</sup>:**

- a) Sponsors shall require each exchange visitor to have insurance in effect which covers the exchange visitor for sickness or accident during the period of time that an exchange visitor participates in the sponsor's exchange visitor program. Minimum coverage shall provide:
- (1) Medical benefits of at least \$50,000 per accident or illness;
  - (2) Repatriation of remains in the amount of \$7,500;
  - (3) Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000; and
  - (4) A deductible not to exceed \$500 per accident or illness.
- (b) An insurance policy secured to fulfill the requirements of this section:
- (1) May require a waiting period for pre-existing conditions which is reasonable as determined by current industry standards;
  - (2) May include provision for co-insurance under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness; and
  - (3) Shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.
- (c) Any policy, plan, or contract secured to fill the above requirements must, at a minimum, be:
- (1) Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-i" or above, a Standard & Poor's Claims-paying Ability rating of "A-" or above, a Weiss Research, Inc. rating of B+ or above, or such other rating as the Department of State may from time to time specify; or
  - (2) Backed by the full faith and credit of the government of the exchange visitor's home country; or
  - (3) Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
  - (4) Offered through or underwritten by a federally qualified Health Maintenance Organization (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services.
- (d) Federal, state or local government agencies, state colleges and universities, and public community colleges may, if permitted by law, self-insure any or all of the above-required insurance coverage.
- (e) At the request of a non-governmental sponsor of an exchange visitor program, and upon a showing that such sponsor has funds readily available and under its control sufficient to meet the requirements of this section, the Department of State may permit the sponsor to self-insure or to accept full financial responsibility for such requirements.
- (f) The Department of State, in its sole discretion, may condition its approval of self-insurance or the acceptance of full financial responsibility by the non-governmental sponsor by requiring such sponsor to secure a payment bond in favor of the Department of State guaranteeing the sponsor's obligations hereunder.
- (g) An accompanying spouse or dependent of an exchange visitor is required to be covered by insurance in the amounts set forth in paragraph (a) of this section. Sponsors shall inform exchange visitors of this requirement, in writing, in advance of the exchange visitor's arrival in the United States.
- (h) An exchange visitor who willfully fails to maintain the insurance coverage set forth above while a participant in an exchange visitor program or who makes a material misrepresentation to the sponsor concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant.
- (i) A sponsor shall terminate an exchange visitor's participation in its program if the sponsor determines that the exchange visitor or any accompanying spouse or dependent willfully fails to remain in compliance with this section.

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<sup>1</sup> U.S. Department of State Bureau of Education and Cultural Affairs. Electronic Code of Federal Regulations. Title 22, Part 62, § 62.14. (Current as of November 3, 2010). Internet. [Accessed Nov. 5, 2010]

<http://exchanges.state.gov/exchanges/>

<http://ecfr.gpoaccess.gov/cgi/t/text/text->

[idx?c=ecfr&sid=c329fb110ea15b0bf4b16f4d88cb4d16&rgn=div5&view=text&node=22:1.0.1.7.37&idno=22#22:1.0.1.7.37.1.1.14](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=c329fb110ea15b0bf4b16f4d88cb4d16&rgn=div5&view=text&node=22:1.0.1.7.37&idno=22#22:1.0.1.7.37.1.1.14)



## Insurance Exemption Request and Agreement Form Health Insurance Coverage for International Students

International non-immigrant students requesting an exemption from the requirement to purchase the university contracted student health insurance policy must complete and submit this form as well as supporting documentation to the appropriate campus unit and by stated deadlines. (Please see General Policy Statement above). Late submissions will be denied. Exemptions, if granted, are granted on a semester-basis only.

### **Personal Data**

#### **Term for which the Health Insurance Exemption is requested**

Check **one** only and complete year:

\_\_\_ Fall 20\_\_\_\_. (year)

\_\_\_ Spring/Summer 20\_\_\_\_. (year)

### **Personal Information**

Complete all data!

Family/Last Name: \_\_\_\_\_

Given/First) Name: \_\_\_\_\_

Student ID number: \_\_\_\_\_

My current *non-immigrant* visa/status: \_\_\_\_\_

E-mail: \_\_\_\_\_

I am enrolled in # credits for term indicated above: \_\_\_\_\_

### **International non-immigrant Student/Scholar/Employee Type**

Check **only one**:

\_\_\_ **I am a Degree Program Student:**

\_\_\_ UNDERGRADUATE; \_\_\_ GRADUATE

*Please return completed form and supporting documents to the Office of International Programs, Martindale 331*

\_\_\_ **I am a Non Degree Visiting/Exchange Student:**

\_\_\_ UNDERGRADUATE; \_\_\_ GRADUATE

*Please return completed form and supporting documents to the Office of Study Abroad, Martindale 318*

\_\_\_ **I am a Study Abroad Student** (studying outside of the USA)

*Please return completed form and supporting documents to the Office of International Programs, Martindale 331*

\_\_\_ **I am an Intensive English Program Only Student**

*Please return completed form and supporting documents to the Intensive English Program, Old Intercollegiate Athletic Building (Basement)*

\_\_\_ **I am an International Visiting/Exchange Research Scholar enrolled in academic courses:**

\_\_\_ UNDERGRADUATE; \_\_\_ GRADUATE

*Please return completed form and supporting documents to the Office of International Programs, Martindale 331*

\_\_\_ **I am an International Employee of the University** (not on J1, J2 status) enrolled in academic courses

*Please return completed form and supporting documents to the Office of International Programs, Martindale 331*

\_\_\_ UNDERGRADUATE; \_\_\_ GRADUATE



**Request for Health Insurance Exemption:**

For non-immigrant international students only!

Please indicate the basis for your request for the Health Insurance Exemption. **You must also submit evidence of insurance which supports your request along with this form.**

\_\_\_\_\_ My spouse or parent(s) resides in one of the 50 U.S. states and my health is covered by my spouse or parent's medical /health insurance coverage.

Full Name of your spouse: \_\_\_\_\_

Full Name of your parent(s)? \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Please provide evidence of health insurance coverage through your spouse/parents' coverage.

\_\_\_\_\_ I am in a period of approved Academic Training, Optional or Curricular Practical Training and am enrolled in a health insurance plan offered by my employer. I am also enrolled in a medical repatriation/evacuation insurance plan, whether through my employer's coverage or via a stand-alone plan through the University's health insurance provider.

Employer: \_\_\_\_\_

HR Contact at Employer: \_\_\_\_\_

HR Email at Employer: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Please provide evidence of health insurance coverage by your employer.

Please provide evidence of medical repatriation/evacuation insurance.

\_\_\_\_\_ I am a graduate student, I have completed all the course requirements of my academic program, and am completing my thesis/dissertation research in my home country where my next of kin (father, mother or spouse) also reside.

You home country? \_\_\_\_\_

Name of spouse or parent(s)? \_\_\_\_\_

Address of spouse or parent(s) \_\_\_\_\_

Please provide evidence of having completed course requirements and of residing in your home country.

\_\_\_\_\_ I am a graduate student, I have completed all course requirements of my academic program and am completing my thesis or dissertation research while also being employed and enrolled in a health insurance plan offered by my employer. Furthermore, I am also enrolled in a medical repatriation/evacuation insurance plan, whether through my employer's coverage or via a stand-alone plan through the University's health insurance provider.

Employer: \_\_\_\_\_

HR Contact Name at Employer: \_\_\_\_\_

HR Contact Email at Employer: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Please provide evidence of health insurance coverage by your employer.

Please provide evidence of medical repatriation/evacuation insurance.

\_\_\_\_\_ My health insurance (medical, accident and medical evacuation/repatriation) is covered through the sponsorship of an agency which is responsible for my educational expenses and meets or exceeds the insurance coverage requirements of the Exchange Visitor Program by the U.S. Department of State (DOS) Bureau of Education and Cultural Affairs. (Please see policy document for the U.S. DOS Insurance Coverage Requirements for Exchange Visitors).

Sponsor Agency: \_\_\_\_\_

Contact Name at Sponsor Agency: \_\_\_\_\_

Contact Email at Sponsor Agency: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Please provide evidence of health insurance coverage by your Sponsor Agency, including medical repatriation/evacuation insurance.



\_\_\_\_\_ I am an International Research Scholar on J-1 status or a J-2 dependent enrolled in academic coursework at the University. My health insurance coverage meets or exceeds the insurance coverage requirements of the Exchange Visitor Program by the U.S. Department of State (DOS) Bureau of Education and Cultural Affairs. (Please see policy document for the U.S. DOS Insurance Coverage Requirements for Exchange Visitors).

Your UM department: \_\_\_\_\_  
Please provide evidence of health insurance coverage which meets or exceeds coverage requirements of DOS.

\_\_\_\_\_ I am an international student enrolled in a study abroad program through the University of Mississippi Study Abroad Office and am covered under the University of Mississippi's study abroad insurance policy.

Sponsor Agency: \_\_\_\_\_  
Contact Name at Sponsor Agency: \_\_\_\_\_  
Contact Email at Sponsor Agency: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_  
Please provide evidence of health insurance coverage through the Study Abroad Office, including medical repatriation/evacuation insurance.

\_\_\_\_\_ I am an international employee of the University holding a status other than J-1 or J-2 enrolled in academic coursework at the University. I am enrolled in the (Mississippi) State Employees Health Insurance Plan.

Your UM department: \_\_\_\_\_  
Please provide coverage of health insurance coverage through UM.

**Certification**

I understand that I must maintain health insurance coverage during the stated exemption period, if my exemption request is approved. I understand that, in the event my health insurance coverage under the plan of my spouse/parent/employer/sponsoring agency ends prior to the end of the exemption approved period, I must enroll in the university's health insurance plan. I understand that I am responsible for all claims and communications which involve the insurance plan of my spouse/parent/employer/sponsoring agency. Furthermore, I understand that, if exempted from the university contracted student health insurance plan, I may choose to purchase a stand-alone medical evacuation/repatriation plan.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)

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**This section to be completed by Spouse or Parent(s) of students requesting a health insurance exemption based on enrollment in and coverage by the spouse or parent(s)'s insurance plan.**

I certify that I reside in the U.S. and will maintain health insurance coverage for my spouse/child for the duration of the exemption period, if approved. I accept full responsibility for my spouse/child's health in the event of his/her illness or expiration and in lieu of medical evacuation and repatriation insurance.

**Full Name of Spouse:** \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)

Email of Spouse: \_\_\_\_\_

**OR, Full Name of Parent:** \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)

Email of Parent: \_\_\_\_\_

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