**REFUSE Insurance Form-International Students**

This completed form, **AND** documentation of other coverage that meets the requirements listed below, ***MUST*** be received by the Student Insurance Office no later than two (2) weeks **BEFORE** the start of International Student Orientation.

**No requests will be allowed after this deadline (Late registrants are an exception)**

***PLEASE ALLOW 3-5 BUSINESS DAYS FOR PROCESSING.***

**Semester you are CURRENTLY registering for: (***select both if you are a full-year exchange student):*

FALL\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Year) **OR** SPRING\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Year)

Last Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** First Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Middle Initial: **\_\_\_\_**

790# **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date of Birth (MM/DD/YY): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Local Address** Street/Apartment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Montana)

 City/State: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Zip: **\_\_\_\_\_\_\_\_\_\_\_\_**

 United States Phone Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Documentation provided must be in English and meet the requirements as stated in the United States Code of Federal Regulations (22 CFR 62.14) and listed below:**

1. Coverage period dates: (You must be covered for the whole semester)

**Spring Semester:** January 1-May 31 **Fall Semester:** August 1-December 31

1. Itemized list of benefits with coverage amounts **in US dollar format**,as listed below:
	1. Medical benefits of at least $100,000.00 per accident or illness
	2. Repatriation of remains in the amount of $25,000.00
	3. Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of $50,000.00
	4. **A deductible not to exceed $500.00 per accident or illness**
2. Below is a list of acceptable documentation:
	1. Certificate of Coverage from an insurance company, which includes their rating. You can obtain this by contacting your insurance carrier. Call the Customer Service phone number on your card.

*OR*

* 1. An official letter, along with the above itemized coverage details, if the plan is backed by the full faith and credit of the government of the exchange visitor’s home country.

*OR*

* 1. An official letter, along with the above itemized coverage details, if coverage is part of a health benefits program offered on a group basis to enrolled students by a designated sponsor.

Student’s Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please, DO NOT provide originals.**

**Return to:** Mail: Fax: 406-243-6981

 Student Insurance Office

Curry Health Center **OR** Email: studentinsurance@mso.umt.edu

634 Eddy Ave; Room 172

 Missoula, MT 59812 The Health Portal: [www.umt.edu/Curry](http://www.umt.edu/Curry)