

# Student Health Insurance Form Kansas State University International Students

Health insurance is required for all international students at schools governed by the Kansas Board of Regents, which includes Kansas State University. Please complete this form and return to the International Student Center. Questions should be referred to the Insurance Coordinator at [jinsure@ksu.edu](mailto:jinsure@ksu.edu).

## Personal Information:

Name (Last, First, M.I.):	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth:
K-State ID Number:			

## Local Address:

Street Address:		K-State Email Address:		Home Phone Number: (     )	
City:	State:	ZIP Code:	Country of Citizenship:		

## Insurance Information:

Insurance Company:
Insurance Policy Number:
Coverage Effective Date:
Coverage Ending Date:

Coverage is valid for entire academic year     Yes     No  
If not, you must submit a new form for each semester.

**YOUR PLAN MUST OFFER THE FOLLOWING COVERAGE IN ORDER TO COMPLY WITH THE BOARD OF REGENTS MANDATE OF INTERNATIONAL STUDENTS HAVING ADEQUATE HEALTH INSURANCE.**

Have a minimum \$100,000 or greater medical benefit for each sickness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have a minimum \$100,000 or greater medical benefits for each accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have a deductible of \$500 or less per individual, per policy year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Include inpatient and outpatient coverage for both sickness and accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have at least \$10,000 for repatriation (removal of remains after death)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have at least \$15,000 for medical evacuation to your home country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**IF YOU CHECKED "NO" FOR ONE (OR MORE) OF THE ABOVE REQUIREMENTS, YOUR POLICY DOES NOT MEET THE MINIMUM REQUIREMENTS AND YOU WILL BE REQUIRED TO EITHER PURCHASE THE INTERNATIONAL STUDENT INSURANCE PLAN AVAILABLE FROM UNITED HEALTHCARE STUDENT RESOURCES (WWW.UHCSR.COM) OR FIND AN INSURANCE POLICY THAT DOES MEET THE MINIMUM REQUIREMENTS AND SUBMIT ANOTHER FORM.**

### Agreement:

By selecting YES to the statement below and signing this form, I am attesting that the insurance coverage information provided meets the minimum requirements for Kansas State University. I understand that I am legally responsible for any expenses incurred during my enrollment in the event that I do not comply with this requirement. K-State will not be responsible for any medical expenses.

I certify that information provided by me is accurate and true. I am responsible for any incorrect or false information, whether intentional or otherwise.

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION ON THIS FORM:**     YES     NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

**International Student Center, Kansas State University**  
Phone: 785.532.6448 Fax: 785.532.6607 Email: [isc-fso@ksu.edu](mailto:isc-fso@ksu.edu) [www.ksu.edu/intlstucenter](http://www.ksu.edu/intlstucenter)