

Verification of Medical Insurance

IMPORTANT NOTICE TO STUDENTS: The deadline for submitting your "Waiver Request" form and the "Verification of Medical Insurance" form is **September 9, 2011**. Both forms must be received at the OIP in order to be reviewed. It is the responsibility of the student to verify his or her alternate insurance by presenting this or other acceptable documentation (in English) from the insurance company. Failure to submit verification of alternate insurance will result in the University of Maine International Medical Insurance charge remaining on your bill. You must also submit proof of insurance for each dependent present in the U.S.

I understand that I must provide this information each fall semester in order to waive the UMaine insurance plan. I hereby authorize my insurance company to release insurance information to the University of Maine.

Student Name _____ SS# or UMaine ID _____
Family / Last Name First / Given Name

Signature _____ Date _____

NOTE TO INSURANCE COMPANY: Please complete this form in order to facilitate the approval of alternate insurance for the student listed above. If you prefer, you may verify the amount of student coverage and benefits provided in some other format. In order to have your insurance approved, the verification of coverage must be received, in our office, **no later than** September 9, 2011. **Please fax the completed and signed form to: (207) 581-2920.**

The following benefits must be included in order to waive the University of Maine Policy requirement:

- > **Basic Benefit** of \$50,000.
- > **Medical Evacuation** to \$25,000 on covered illness or injury.
- > **Repatriation** payable to \$10,000 for preparation and transportation to home country.

INSURANCE COMPANY CERTIFICATION

We certify that the above student is covered by medical insurance which meets the University of Maine requirements listed above. We also certify that his/her policy with us is valid and payable in the United States.

Insurance company name: _____ Insurance official: _____

Policy dates: from _____ to _____