

WINDWARD COMMUNITY COLLEGE
Admissions and Records Office

INTERNATIONAL STUDENT HEALTH INSURANCE
ACKNOWLEDGEMENT FORM

Student's Name: _____ UHID: _____
Print Last Name, First Name, Middle Initial(s)

All non-immigrants on student visas are required to enroll in a university endorsed student health insurance plan or furnish proof of enrollment in a health insurance program whose benefits meet the minimum insurance requirements (per Executive Policy 7.207).

The health insurance plan/policy for non-immigrant students on student visa must meet ALL of the following minimum coverage requirements (all amounts are in USD) Visions/dental coverage is not required (per Executive Policy 7.301). These minimum coverage requirements will be updated as necessary. The plan:

1. Should provide comprehensive medical coverage of at least \$1000.000 US per accident or illness;
2. Should provide repatriation coverage of at least \$25,000 US;
3. Should provide medical evacuation coverage to home country of at least \$10,000 US;
4. Should provide inpatient/outpatient medical & mental health coverage at no less than 75% of usual/customary charge (UCC);
5. May require a waiting period of pre-existing conditions which is reasonable under current industry standards; and
6. Should not require a deductible any greater than \$500 US per accident or illness

I have read and I understand the above information. I agree to obtain health insurance coverage that meets the above requirements for the duration of my enrollment at Windward Community College. I understand it is my sole responsibility to maintain the required health insurance coverage for the duration of my program. Failure to comply, I will be subject to university sanctions, including but not limited to registration, transcript, diploma holds until enrollment is complete.

I understand that I must provide proof of valid up-to-date medical health insurance during the first week of the semester. And, I agree to provide documentation of evidence of my health insurance coverage to the Admissions and Records office at requested intervals.

Student's signature: _____ Date: _____