

UCO INSURANCE FORM

The Department of State and The University of Central Oklahoma (UCO) require that all **J-1 International students, J-1 visiting Scholars** and **J-2 dependents** maintain medical health insurance coverage during the program duration of the exchange visitor.

I (including any accompanying family members) will remain in good standings with the United States government, by **(select one)**:

_____ I will purchase UCO sponsored insurance (this cost will be charged to UCO bursar account and can be paid upon arrival). By selecting this option you have completed this form; please sign and date below.

OR

_____ I will purchase my own insurance (please complete the rest of this form in full).

The insurance premium, which is charged by the UCO Bursar, will be waived upon an approved waiver application. Waivers will be based on the insurance coverage provided **when it includes the below requirements**

1. The insurance premium will be waived if the insurance **documentation is in English**
2. **MINIMUM medical coverage of \$100,000 (USD)** is provided by the deadline.
3. **MINIMUM Medical Evacuation coverage of \$50,000 (USD)**
4. **MINIMUM Repatriation of remains of at least \$25,000 (USD)**
5. Application deadlines are **due before the start date on your DS-2019** (No Exceptions will be made)

If you intend to purchase your own accident & sickness insurance coverage and opt out from UCO insurance, **you are required to submit a separate "[Insurance Waiver Application](http://www.uco.edu/oga)"** by going to www.uco.edu/oga, click "FORMS", then look for "Insurance Waiver Application". The Insurance Waiver application must be submitted after you are enrolled in classes and **BEFORE the first day of every Fall & Spring semester.**

Student name: _____

I understand this request is subject to approval of the UCO Office of Global Affairs.

Date: _____

Student signature: _____