

# PETITION TO APPROVE COMPARABLE HEALTH INSURANCE POLICY

## MARICOPA COUNTY COMMUNITY COLLEGES DISTRICT

Health insurance is mandatory for all international students who have a SEVIS I-20 form issued by any one of the Maricopa Community Colleges. All students affected by this policy must purchase the health insurance offered by the college.

There are only a few circumstances under which you may be approved to use an alternate health insurance policy. Maricopa Community Colleges requires international students to have a current health insurance policy that meets the requirements listed on the following page (for example, it must include medical evacuation and repatriation of remains). Keep in mind that many policies for international students in the U.S., including but not limited to travel insurance policies, do not meet the requirements and will not be approved.

This petition must be submitted one week prior to the official start date of each fall and spring semester. If you submit the waiver request after this deadline, you will be charged for the insurance premium offered by the Maricopa Community Colleges.

Please check the box that best describes your reason for this petition:

- You are under the sponsorship of a foreign government, its agency or embassy that is responsible for the student's educational expenses, including a health insurance policy.
- You are under the sponsorship of an international agency or company that is responsible for the student's educational expenses, including a health insurance policy for the student that will be enforced during the entire time that you are enrolled in the college.
- You are accompanied to the U.S.A. by your spouse and/or dependent child(ren) under 18 years of age who have been granted F-2 visas and who will be staying with you as the principal F-1 visa student. You and your family have purchased a family medical insurance policy that covers all of you while you are in the U.S.A.
- You reside in the U.S.A. with your parents. You and your family have purchased a family medical insurance policy that covers all of you while you are in the U.S.A.
- You were undergoing treatment for a medical condition before being admitted to the college and have insurance coverage for the condition.
- You have a parent, spouse, or legal guardian who is a U.S. citizen or who resides permanently in the United States and has included you on their health insurance plan with a U.S.-based insurance company. The student must provide documents that establish the relationship to the parent, spouse, or guardian.



**MARICOPA**  
COMMUNITY COLLEGES

The Maricopa Community Colleges  
are EEO/AA Institutions.

# PETITION TO APPROVE COMPARABLE HEALTH INSURANCE POLICY

The Maricopa Community Colleges requires international students to have a current health insurance policy that meets certain requirements. **For approval, you must provide evidence in English that your policy meets the following criteria:**

- The policy is valid for each semester enrolled at the college, including summer, if attending during the full academic year.
- The medical benefit is unlimited with a co-payment limited to \$25 and a \$0 deductible.
- The repatriation benefit is up to a maximum of \$25,000.
- The medical evacuation benefit is up to a maximum of \$50,000.
- Preventive services are 100% covered and the deductible and copay are waived.

You are responsible for providing detailed documentation AND written proof of equal or better benefits prior to the deadline. **Acceptable documents written in English include:**

- ✓ Insurance card and Explanation of Benefits, Schedule of Benefits or Plan Summary (detailed coverage of the policy)
- ✓ Original, official, signed letter from the student's embassy or government (sponsored) plan

Embassy or Company/Employer that is Providing Insurance Coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Dates of Coverage: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Maximum Medical Benefit: \$\_\_\_\_\_ Deductible: \$\_\_\_\_\_ Co-payment: \_\_\_\_\_%

Maximum Evacuation Benefit: \$\_\_\_\_\_ Repatriation Benefit: \$\_\_\_\_\_

I hereby request to waive the requirement to purchase the international student health insurance plan endorsed by the Maricopa Community Colleges. I currently have health insurance equal to or better than the above referenced health insurance, and I will continue to maintain this level of health insurance as long as I am a student at this college. If I change health insurance plans, I will complete a new International Student Health Insurance Petition Form and provide evidence of my new health insurance plan to the college within 10 days of such change.

Name of Student: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

## **Office use only**

**PENDING** Explanation: \_\_\_\_\_  
Date Notified: \_\_\_\_\_ Initials: \_\_\_\_\_

**APPROVED** Year Policy: \_\_\_\_\_ End Date: \_\_\_\_\_  
Date Approved: \_\_\_\_\_ Initials: \_\_\_\_\_  
Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_  
Date Notified: \_\_\_\_\_ Initials: \_\_\_\_\_

**DENIED** Explanation: \_\_\_\_\_  
Date Denied: \_\_\_\_\_ Initials: \_\_\_\_\_  
Date Notified: \_\_\_\_\_ Initials: \_\_\_\_\_