

## Health Insurance Information Sheet.

<b><u>Today's date:</u></b>	<b><u>Student ID#:</u></b>
<b><u>First Name:</u></b>	<b><u>Last Name:</u></b>
<b><u>Date of Birth:</u></b>	<b><u>Country of Origin:</u></b>
<b><u>Effective Date:</u></b>	<b><u>Termination Date:</u></b>
<b><u>Email:</u></b>	<b><u>Tele:</u></b>

<b>Health and Accident Coverage</b>	<b>USD</b>
Insured amount per person per trip	<b>300,000</b>
Hospitalization	<b>100%</b>
Outpatient treatment by a doctor/specialist	<b>100%</b>
Prescribed medicines	<b>100%</b>
Prescribed treatment by a physiotherapist/chiropractor	<b>\$2,500</b>
Provisional pain-stilling dental treatment	<b>\$200 Per Case</b>
Ambulance transportation	<b>100%</b>
Medical Evacuation/Repatriation	<b>100%</b>
Return Trip	<b>100%</b>
Compassionate Emergency Repatriation	<b>100%</b>
Next-of-Kin Accompaniment	<b>100%</b>
Compassionate emergency visit	<b>100%</b>
Board, lodging & local transport for a person who is summoned or accompany the insured, per day	<b>\$300</b>
Statutory arrangements in case of death	<b>100%</b>
Home transportation of the deceased	<b>100%</b>
Personal accident – death and disability	<b>\$15,000</b>

<b>Co-payment</b>	<b>USD</b>
Co-payment in case of in-patient treatment in an emergency ward which could have taken place in an out-patient facility	\$250
Co-payment per out-patient claim	\$50

- After purchasing the VIU's health insurance, you will have 5 days to cancel the insurance payment.
- After purchasing the insurance you must also call the insurance company to make sure that you are added into their United Health Care System.
- Also if you plan to cancel the insurance you must meet the following reasons to cancel.
  1. You are transfer out of VIU to another institution.
  2. You have to leave VIU for family emergency and you have to leave the country.
  3. You have purchased insurance outside of VIU. ( YOU MUST PROVIDE PROOF OF OUTSIDE INSURANCE)

Once you have meet one or more of these requirements to cancel you will need to sign a cancel form stated that you have cancelled the insurance and that you will not longer be under the responsibly of VIU United Health Care Insurance.

Please note that Virginia International University if not responsible for any problem that you may have with the Health Insurance. If you have any questions or problem please call **1-800-753-2696** for outpatient treatment or **1-888-532-6627** for hospitalization or emergency ward treatment.

I have read, I understand, and I agree that Virginia International University is not responsible for any problems that I may have with the Health Insurance. By purchasing the health insurance I understand that I have an agreement with the health insurance and not with Virginia International University.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_