



International Student Insurance Coverage Certification Form

All F-1 visa holders must complete and return this document along with a copy of their insurance card and proof of coverage to international.services@okbu.edu. For student athletes, a copy of your card will be given to the Athletic Department.

Student's Last Name	Student's First Name	Student's Email Address	OBU ID Number
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I certify that I have insurance coverage for the period of _____ through _____ which meets or exceeds the following:

1. Medical benefits of at least \$100,000 per accident or illness Yes No
2. Repatriation of remains in the amount of \$25,000 Yes No
3. Medical Evacuation expenses in the amount of \$50,000 Yes No
4. A deductible not to exceed \$500 per accident or illness Yes No
5. A.M. Best rating of A- or above, Insurance Solvency International, Ltd. (ISI) rating of A-I or above, Standard and Poor's Claims Paying Ability rating of A- or above, or Weiss Research Inc. rating of B+ or above. Or the policy must be backed by the full faith and credit of the government of the student's home country. Yes No
6. If you are an international student athlete or involved in any athletic activity (intercollegiate, club, or intramural) on campus, your insurance must cover you during athletic participation at a coverage of at least \$5000 per athletic injury. Yes No

Name of Insurance Company _____ Insurance Policy Number _____

Contact Information for Insurance Company

I have enrolled in the above insurance program and verify that the information contained herein is true and accurate. I will maintain this coverage throughout the 2018-2019 academic year at OBU and will inform the International Student Services Office of all changes. I understand that I am responsible for any costs incurred during lapse of coverage.

Signature of Student _____ Date _____

Signature of Parent/Guardian (Required if Student is under the age of 18) _____ Date _____

*** Documentation must be provided demonstrating the full coverage that you have confirmed above.**