

**Kirkwood Community College
International Programs**

Alternate Insurance Petition

Name _____

K# _____ **Country of Citizenship** _____

Email Address _____ **Phone#** _____

All F-1 and J-1 International Students must have a valid health insurance to attend Kirkwood Community College. Kirkwood automatically bills student bills for the Lower Health Insurance policy at the beginning of each term. If students prefer not to use Lower, international students may choose to have a **pre-approved alternate health insurance policy**. The International Programs Office must **pre-approve** your policy before you will be eligible to register for classes . To be approved, you must complete this form and show that your insurance policy meets each of the following criteria. Please attach and highlight on attached documentation that each of these criteria are met.

1. The policy is valid until at least the beginning of the next Fall semester;
2. The medical benefit is at least \$50,000 per illness or injury with a maximum \$25 copayment and an annual out-of-pocket maximum of \$3,000;
3. The repatriation benefit is at least \$25,000;
4. The medical evacuation benefit is at least \$50,000;
5. The policy pays for pre-existing conditions after 1 year of continuous coverage.

I hereby certify that my alternate insurance policy meets all of the criteria shown above and have attached documentation here illustrating those coverages.

Student Signature _____ **Date** _____

Approved _____ **Date** _____

Denied _____ **Date** _____

International Student Advisor Signature

Date