



**INVENTORY OF INSURANCE POLICY BENEFITS**

**INSTRUCTIONS TO THE STUDENT:**

1. Submit this form for completion to a representative of your Health Insurance Company.
2. Ensure that all sections of the form are completely filled out, including signatures and the official stamp of the company. If the insurance company does not have an official stamp, a memo on the company's letterhead indicating that the insurance benefit requirements have been reviewed by an official of the insurance company will be accepted.
3. Sign the acknowledgment at the bottom of the form. Students under 18 years of age must also provide the signature of their parent or legal guardian.

**WHAT IS THE MANDATORY HEALTH INSURANCE REQUIREMENTS FOR ATTENDING NIAGARA UNIVERSITY?**

Benefit	Coverage Equivalency in US Dollars
Accidental Injury Expenses	\$2000.00 minimum
Hospital Room and Board	\$350.00 per day
Surgical Benefits	\$2000.00 minimum
In-hospital Physician's Fees	\$50.00 per visit
Out-patient Physician's Fees	\$50.00
Diagnostic and Laboratory Fees	\$200.00 per visit
Emergency Room Visits	\$150.00 minimum
Consultant Expenses	\$75.00 per sickness
Prescription Medications	\$50.00 per sickness
Ambulance	\$250.00
Maternity	As above
Annual Pap/Pelvic	One visit per year
Expenses associated with pre-existing conditions	Covered
Medical Evacuation	\$10,000
Repatriation	\$10,000
Supplemental Expenses: When expenses exceed the basic accidental and sickness benefit, 80% of the expenses are paid up to a maximum of \$50,000	

**MEDICAL EVACUATION:** \$10,000 coverage for evacuation to your natural country or approved facility for the care of the injured or ill person when the insured student is hospitalized for five consecutive days or more.

**REPATRIATION:** In the event of death, the insurance company will pay \$10,000 for the preparation and transportation of the remains of the deceased body to the country of origin.

<b>Benefit</b>	<b>Dollar Coverage</b>	<b>Coverage Equivalency in US Dollars</b>
Total Maximum benefit amount		
Medical Evacuation		
Repatriation		
Accidental injury expense		
Maximum daily hospital room & board		
Surgical benefits		
Physician's fee: in hospital/out patient		
Emergency room visits		
Radiology and laboratory		
Prescribed Medications		
Expenses associated with a pre-existing condition		

\_\_\_\_\_  
Signature of Insurance Company Official

**DATE** \_\_\_\_\_

\_\_\_\_\_  
Official Stamp of Insurance Company

I take full responsibility for the answers that I have supplied above and fully agree not to hold Niagara University liable for an incorrect translation or any medical expenses I may incur due to the limitations of my private health insurance coverage

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent or Legal Guardian's Signature (for students under 18 yrs of age)

**DATE** \_\_\_\_\_

**DATE** \_\_\_\_\_



