

# International Student Insurance Form

*Minnesota State system procedure 3.4.1, Undergraduate Admissions, Part 5, International Students, Subpart B.2 Economic self-sufficiency, requires international students purchase the system-approved student health insurance, except those students whose sponsoring agency or government certifies that the student is covered under a plan provided by the sponsoring agency or government. Please fill out and email to [international@alextech.edu](mailto:international@alextech.edu) AS SOON AS POSSIBLE.*

**Student Name:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**Enrollment Year:** \_\_\_\_\_ ☐ **Fall** ☐ **Spring** ☐ **Summer**

*Select One*

- ☐ Student has provided proof of insurance sponsored by home country's government or agency. Student is exempt from purchasing system-approved health insurance. **(please email proof of insurance with this form)**

**International Insurance must cover repatriation.**

- ☐ Student needs to purchase system-approved health insurance. The student has chosen the following plan/rate:

**Plan:** \_\_\_\_\_ **Rate:** \_\_\_\_\_

**Effective Dates:** \_\_\_\_\_

By Purchasing the system-approved health insurance plan, the student gives Alexandria Technical & Community College permissions to pay United Healthcare Insurance for the full rate on behalf of the student. Alexandria Technical & Community College will add the payable amount to the student's balance due.

**Student Initials:** \_\_\_\_\_

By signing below, I understand I must purchase or show proof of insurance at the start of every academic year in order to maintain F-1 visa status. I understand the consequences if I do not maintain F-1 visa status.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_