

ELIGIBILITY

The University of Alaska System Office of Risk Services has made available Foreign Visitor insurance coverage for accident medical, emergency sickness (*sickness means a sickness or disease first manifesting itself when the policy is in effect*), accidental death and dismemberment (AD&D), accidental dental, repatriation and emergency evacuation to foreign visitors (administrators, researchers, students, instructors, or interpreters) when participating in a University of Alaska Exchange Program—sponsored, schedule and supervised by the University of Alaska.

HOW TO APPLY

To request coverage, please complete a Foreign Visitor Application form and forward it to the System Office of Risk Services, in Fairbanks. Applications are available at our website: http://www.alaska.edu/risksafety/g_forms-library/fbroch.pdf

Coverage **DOES NOT** start until the application and payment are received by the System Office of Risk Services.

After applications are received and processed, the insured will be sent an insurance identification card containing the dates of coverage, the policy number, and contact information for this office.

EFFECTIVE DATES

AND PREMIUM PAYMENTS

Coverage under this program can only be provided for the time that the Foreign Visitor is participating in a University of Alaska sponsored program. The start and end dates (provided through your application form) of coverage must be consistent with this time period.

Premiums for the foreign visitor insurance are based on the plan type and the selected dates of coverage. If you have any questions regarding the different plans, please call the System Office of Risk Services, (907) 450-8157
NOTE: *Visitors traveling on J-1 and J-2 Visas must select Plan C.*

A minimum premium payment is required. There is no proration of premium for less than one month.

COVERAGE LIMITS

Coverage Limits for Plan A:

Type of Coverage	Primary
Accident	\$15,000 Max. Limit
Sickness	\$15,000 Max. Limit
Accidental Dental	\$100 per Sound Natural Tooth \$500 Max. Limit
Emergency Evac	\$25,000
Repatriation	\$5,000
AD&D	\$50,000
Deductible	\$ 0

Coverage Limits for Plan B:

Type of Coverage	Primary
Accident only	\$15,000 Max. Limit
Accidental Dental	\$100 per Sound Natural Tooth \$500 Max. Limit
Emergency Evac	\$25,000
Repatriation	\$5,000
AD&D	\$50,000
Deductible	\$ 0

Coverage Limits for Plan C: (This is the required plan for J-1 and J-2 Visa holders.)

Type of Coverage	Primary
Accident	\$50,000 Max. Limit
Sickness	\$50,000 Max. Limit
Accidental Dental	\$100 per Sound Natural Tooth \$500 Max. Limit
Emergency Evac	\$25,000
Repatriation	\$7,500
AD&D	\$50,000
Deductible	\$ 0

The maximum amount payable for any one accident involving several persons covered under the Foreign Visitor Insurance policy is \$150,000.

DESCRIPTION OF BENEFITS

Accidental Medical Expense – Payment will be made if covered injuries require the Insured Person to be treated by a Physician. Payment will be based on Usual and Reasonable expenses incurred as the result of any one accident, up to the maximum benefit amount.

Accidental Death & Dismemberment (AD&D) – A lump sum payment if an accident results in the loss of life or member (member means hand, foot or eye).

Accidental Dental – Injury to sound natural teeth.

Emergency Medical Evacuation – Upon recommendation by the attending physician, this benefit is provided if the Insured Person's covered medical condition warrants immediate transportation from the place where the Insured Person is injured or ill to the nearest hospital where appropriate medical treatment can be obtained; or after being treated at a local hospital, the insured Person's medical condition warrants transportation to his or her Country of Residence to obtain further medical treatment, or to recover, or both.

Repatriation of Remains – Reasonable covered expenses incurred to return the Insured Person's body home to his or her Country of Residence if he or she dies.

NOTICE OF CLAIM

Notice of a claim MUST BE PROVIDED to the insurance carrier within 20 days after the occurrence or commencement of any loss. Please contact the System Office of Risk Services for a Claim Form.

Completed Claim Forms and all invoices should be sent to:

AIG Domestic Claims

P.O. Box 25987

Shawnee Mission, KS 66225-5987

Reference Policy #SRG 0009119958

800-551-0824/302-661-4176

WHAT IS EXCLUDED

This policy does not cover any loss resulting from the following:

1. Suicide or any attempt by the Insured; or
2. Infections except pyogenic infections caused wholly by a covered injury; or
3. War or any act of war, or accident occurring while the Insured Person is in the military, naval, or air service of any country; or
4. Accident occurring while the Insured Person is operating, or learning to operate, or performing duties as a member of the crew of any aircraft; or
5. Dental treatment, except as a result of injury to sound natural teeth; or
6. Replacement of eyeglasses or eye examinations for the correction of vision or fitting of glasses unless an injury has caused impairment of sight; or
7. Injury for which the Insured Person is entitled to benefits under a Worker’s Compensation Act or Law or any similar legislation; or
8. Participating in team sports or other athletic activities; or
9. Hernia of any kind; or
10. The Insured being intoxicated or under the influence of any narcotic, unless administered on the advice of a Physician.

The information contained within this brochure is intended to provide a general description of coverage for Foreign Visitor Insurance and does not attempt to cover all the terms and conditions of the policy.

Contact the System Office of Risk Services at (907) 450-8157 if you have questions or would like additional information.

PLAN TYPES AND PREMIUM GUIDE

Plan A	Accident & Sickness Coverage	\$46.20 per month	\$145.00 per 6 months	\$238.85 annually
Plan B	Accident Only Coverage	\$34.14 per month	\$ 80.60 per 6 months	\$154.60 annually
Plan C	Accident & Sickness Coverage	\$47.40 per month	\$174.30 per 6 months	\$339.50 annually

(J-1 and J-2 Visas require higher limits of coverage. All visitors traveling on J-1s and J-2s visas must select Plan C.)



**Foreign
Visitor
Insurance**

University of Alaska

System Office of Risk Services

910 Yukon Drive, 106 Butrovich

P.O. Box 755240

Fairbanks, AK 99775-5240

(907) 450-8157 -- Fax (907) 450-8151

<http://www.alaska.edu/risksafety/>



FOREIGN VISITOR EXCHANGE PROGRAM -- INSURANCE ENROLLMENT APPLICATION

DEPARTMENT INFORMATION:

Campus _____ Department _____ Contact Person _____ Phone _____



Departments: Please distribute, or make available, to each Foreign Visitor requesting coverage, the Foreign Visitor Information brochure outlining the general coverage information. Contact the System Office Risk Services for copies of the this brochure or you may download it from our website at

http://www.alaska.edu/risksafety/g_forms-library/fbroch.pdf

VISITOR INFORMATION:

Name: _____ Arrival Date in Alaska: _____ Departure Date: _____

Signature: _____ Date of Coverage to begin: _____ Date of Coverage to end: _____

Address _____ Address _____

While in Alaska

Country of Residence

Purpose of Visit: _____ Visa Type: _____

Position: Administrator _____ Researcher _____ Student _____ Instructor _____ Interpreter _____ Other _____



Foreign Visitor: If you did not receive a Foreign Visitor Information brochure upon signing this form, contact the System Office of Risk Services or download one from our website at

http://www.alaska.edu/risksafety/g_forms-library/fbroch.pdf *If you have any questions regarding this coverage, please contact the System Office of Risk Services. Information is also available at our website at*
http://www.alaska.edu/risksafety/b_insurance/insurance-coverage/foreign-visitor/ *Applicants may not rely upon information regarding this insurance from any other source.*

Beneficiary Designation:

Name _____ Relationship _____ Phone _____

Address _____

COVERAGE AMOUNTS

DEPARTMENT GUIDE FOR PREMIUM CALCULATION			6 Months	Annual	AD&D	Accident	Sickness	Deductible	Emergency Evacuation	Repatriation of Remains	Accidental Dental
Plan A	Accident & Sickness	\$46.20 x _____ Months = \$ _____	___ \$145.00	___ \$283.85	\$50,000	\$15,000	\$15,000	\$0	\$25,000	\$5,000	Max. \$500; \$100 per tooth
Plan B	Accident Only	\$34.15 x _____ Months = \$ _____	___ \$ 80.60	___ \$154.60	\$50,000	\$15,000	\$0	\$0	\$25,000	\$5,000	Max. \$500; \$100 per tooth
Plan C (J-1 & J-2 Visas)	Accident & Sickness	\$47.40 x _____ Months = \$ _____	___ \$174.30	___ \$339.50	\$50,000	\$50,000	\$50,000	\$0	\$25,000	\$7,500	Max. \$500; \$100 per tooth

Org & Fund # to Charge for Premium

Total Premium Due

COVERAGE DOES NOT GO INTO EFFECT UNTIL THE PREMIUM IS PAID OR DEPARTMENT ACCOUNT NUMBER IS PROVIDED TO THE SYSTEM OFFICE OF RISK SERVICES - A debit will be charged to the department account for the appropriate premium via journal voucher. Please call if you have questions regarding completion of this form.