

## ELIGIBILITY

The University of Alaska Statewide Office of Risk Management 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.

## HOW TO APPLY

To request coverage, please complete a Foreign Visitor Application form and forward it to the Statewide Office of Risk Management, in Fairbanks. Applications are available at our website: [www.alaska.edu/swrisk/](http://www.alaska.edu/swrisk/).

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

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 Statewide Office of Risk Management, (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 Statewide Office of Risk Management for a Claim Form.**

**Completed Claim Forms and all invoices should be sent to:**

**AIG Life Insurance Company**

**P.O. Box 15701**

**Wilmington, DE 19850-5701**

**Reference Policy #SRG 804 10 58**

**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 Statewide Office of Risk Management 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*

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*Statewide Office of Risk Management*  
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