

HTH Enrollment: \_\_\_\_\_

**INSURANCE COMPANY:**

Please return this form ASAP

By Fax: 716-645-3465

By Mail: University at Buffalo Medical Insurance, Suite 315 Student Union, Buffalo, NY 14260

By E-mail PDF: asksmi@buffalo.edu

**CLARIFICATION OF INSURANCE POLICY BENEFITS - INBOUND INTERNATIONAL**

This form should be completed and signed by a representative of your insurance company. You must also sign the acknowledgement at the bottom of the form. All monetary units must be expressed in U.S. dollars.

Student Name: \_\_\_\_\_ Person number: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Policy Number: \_\_\_\_\_

1. Effective dates of coverage \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Through \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. Total maximum benefit amount \$ \_\_\_\_\_
3. Deductible Amount \$ \_\_\_\_\_
4. Accidental Death Benefit \$ \_\_\_\_\_
5. Didmemberment Benefit \$ \_\_\_\_\_
6. Are pre-existing conditions covered? YES NO  
Duration of possible waiting period? \_\_\_\_\_ Months  
\*Has it been met? YES NO
7. Is medical evacuation covered? YES NO  
To what amount? \$ \_\_\_\_\_
8. Is repatriation covered? YES NO  
To what amount? \$ \_\_\_\_\_
9. Maximum daily benefit for in-hospital room & board \$ \_\_\_\_\_
10. Are outpatient emotional and mental disorders covered? YES NO  
To what amount? \$ \_\_\_\_\_
11. Are inpatient emotional and mental disorders covered? YES NO  
To what amount? \$ \_\_\_\_\_
12. Is outpatient alcoholism and substance abuse covered? YES NO  
To what amount? \$ \_\_\_\_\_
13. Are prescription drugs covered? YES NO Limit: \$ \_\_\_\_\_
14. Are x-rays and lab work covered? YES NO Limit: \$ \_\_\_\_\_
15. Are ambulance charges and medical equipment rental expenses covered? YES NO Limit: \$ \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Insurance Representative Name Insurance Representative Signature Phone Date

I affirm all of the supplied information above is truthful. I take full responsibility for the answers I have supplied above, and fully agree to hold harmless the University at Buffalo/Sub Board I, Inc. for any incorrect translation or medical expenses I may incur due to the limitations of my private health insurance coverage. I give permission for enrollment and benefit information to be released to the SBI Student medical Insurance Office at the University at Buffalo for the purpose of attempting an insurance waiver and to file for statistical use and use of the participant for medical reasons.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Policy Holder Signature Date Policy Holder's Email Address