To request an exception to the mandatory purchase of Cardinal Care, this form must be completed on an annual basis and submitted to Vaden Health Center’s Insurance Office.

<table>
<thead>
<tr>
<th>SUBMIT VIA POSTAL MAIL OR DELIVERY SERVICE, OR DELIVER IN PERSON, TO:</th>
<th>FAX TO:</th>
<th>SUBMIT A HELP TICKET TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaden Health Center Insurance Office 866 Campus Drive Stanford, CA 94305</td>
<td>(650) 725-9970</td>
<td><a href="https://helpsu.stanford.edu/helpsu/3.0/helpsu-form?pcat=studentservices">https://helpsu.stanford.edu/helpsu/3.0/helpsu-form?pcat=studentservices</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STUDENT LAST NAME</th>
<th>STUDENT FIRST NAME</th>
<th>STANFORD UNIVERSITY I.D. NUMBER</th>
<th>APPOINTMENT START AND END DATES</th>
</tr>
</thead>
</table>

I certify that the above-named individual has insurance coverage for the period of __________ through __________ which meets or exceeds the following:

<table>
<thead>
<tr>
<th>BEGIN DATE</th>
<th>END DATE</th>
<th>If “No,” please explain:</th>
</tr>
</thead>
</table>

1. **Annual deductible less than $1,000 USD**
   (If a foreign currency applies, please indicate the applicable amount.)
   - Yes
   - No

2. **Lifetime benefit** (complete a or b):
   - a. **Lifetime aggregate maximum benefits of at least $2,000,000 USD**
     (If a foreign currency applies, please indicate the applicable amount.)
     - Yes
     - No
   - b. **Maximum per condition/per lifetime benefit of at least $500,000 USD**
     (If a foreign currency applies, please indicate the applicable amount.)
     - Yes
     - No

3. **Covers inpatient and outpatient medical care in the San Francisco Bay Area in the U.S.**
   - Yes
   - No

4. **Covers inpatient and outpatient mental health care in the San Francisco Bay Area in the U.S.**
   - Yes
   - No

5. **Covers prescriptions**
   - Yes
   - No

6. **Covers non-emergency as well as emergency care**
   - Yes
   - No

7. **Pre-existing conditions** (complete a or b):
   - a. **Policy covers pre-existing conditions**
     - Yes
     - No
   - b. **The insured individual has met applicable waiting periods**
     - Yes
     - No

Although not a requirement of Stanford University, the U.S. Department of State requires that J1 visa holders have an insurance policy with minimum coverage of $25,000 USD for repatriation of remains and $50,000 USD for medical evacuation.

<table>
<thead>
<tr>
<th>NAME OF INSURANCE COMPANY</th>
<th>INSURANCE POLICY NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>AGENT REPRESENTING INSURANCE COMPANY</th>
<th>SIGNATURE OF AGENT</th>
<th>DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TELEPHONE NUMBER</th>
<th>ADDRESS</th>
</tr>
</thead>
</table>

I have enrolled in the above insurance program and verify that the information contained herein is true and accurate. I will maintain this coverage for the period listed and will inform Vaden Health Center’s Insurance Office of all changes.

<table>
<thead>
<tr>
<th>SIGNATURE OF STUDENT</th>
<th>DATE</th>
</tr>
</thead>
</table>

3.2016