INTERNATIONAL INSURANCE MANDATORY COVERAGE
Tecnológico de Monterrey - Mexico City Metropolitan Zone

THIS INFORMATION SHOULD BE READ AND UNDERSTOOD BY STUDENTS AND PARENTS

Tecnológico de Monterrey demands specific coverages and amounts for the international **insurance for major medical expenses**. Considering the mandatory coverages and amounts, these are the options for international insurance coverage:

1. **TO ACQUIRE THE INSURANCE SUGGESTED BY TECNOLOGICO DE MONTERREY**

   ★ **RSA- Royal & SunAlliance Seguros Mexico** created a special insurance according to our needs. Regularly we acquire it on behalf of the students before the exchange program starts. During orientation week, we provide the bill and the amount in Mexican pesos and students pay inside the Campus in our Santander Bank the first two days of the orientation week.

   ★ It is important to highlight that this insurance is only for **MAJOR MEDICAL EXPENSES**, minor diseases such as cold, flu, sore throat, headache, stomachache, pains or sufferings like or similar to conjunctivitis, diarrhea, regular stomach infections, sexually transmitted diseases (STD), among others **are not included**.

   ★ For minor diseases all students will have free access to the Medic Service inside the campus. Supplementary tests and medicines will be covered by each student.

   ★ We only demand mandatory coverages and amounts for **MAJOR EMERGENCIES**, it is not compulsory to be covered in minor diseases but is recommendable for students to purchase an alternate insurance for minor diseases if available in their countries (these type of minor diseases insurances are hard to find in Mexico).

   ★ It is also important to indicate that preexisting diseases or conditions are not included.

   ★ Students will lose coverage if the accident or emergency is a result of the abuse of alcohol and/or drugs.

   ★ This insurance can be used in Mexico and any other country the student travel during the exchange and it includes all the mandatory and suggested coverages indicated in the waiver.

   ★ We have a special agent 24/7 available for us in case of any emergency. The cost for one academic term is approximately 500 USD and you can get more information about this insurance in this link: [www.intercambioseguro.com](http://www.intercambioseguro.com)

The insurance payment will be requested in order to get the list of courses registered and to make any change in the student’s timetable during orientation week.
2. TO USE ANOTHER INSURANCE WITH THE MANDATORY COVERAGE

If students already have an insurance with equal or better coverage, they can request to use their own. It can be accepted only if it covers all the mandatory coverages and amounts.

★ All alternate insurances will be reviewed through the waiver (pages 3 and 4) duly signed and fulfilled by the insurance company.
★ The mandatory coverages and amounts are non-negotiable (first table of the waiver). The alternate insurance must include as minimum those coverages and amounts.
★ It is mandatory that the insurance applies through direct payment in medical expenses and medical evacuation.
★ Injuries caused by fire weapons, assault and homicide should be included/covered by the insurance company as well.
★ We request a list of hospitals in Mexico and the guaranty that the student will receive urgent medical attention in any of those hospitals without paying upfront. This because in Mexico students are not admitted into private hospitals if they do not pay, we request the list to avoid losing time trying to find a hospital in which the student can be admitted if he/she is facing an emergency.
★ The waiver will be reviewed by Tecnologico de Monterrey; if the insurance does not cover the coverages and amounts established as mandatory, it will not be accepted.
★ Students and parents understand that by using their own insurance, they take full responsibility of the student in case of any accident or sickness and acknowledge that their responsibilities are:
★ To inform the International Programs office at their home University and at Mexico that the current medical insurance covers the length of the stay in Mexico, and the possible travels to other countries.
★ To notify the Program Coordinator in case that any change is done regarding the insurance company.
★ To update this information at the beginning of each semester for the Tecnologico de Monterrey to perform the enrollment processes previous to the start of each period.
★ To contact and deal with the insurance company in case of any eventuality.
★ We only demand mandatory coverages and amounts for MAJOR EMERGENCIES; it is not compulsory to be covered in minor diseases but is recommendable for students to purchase an alternate insurance for minor sicknesses.
★ For minor diseases all students will have free access to the Medic Service inside the campus. Supplementary tests and medicines will be covered by each student.

IMPORTANT: We must assure all students are covered with the minimum requirements stated by Tecnológico de Monterrey, if we do not receive the waiver or if the student’s insurance company does not cover the mandatory coverages and amounts (page 3), Tecnológico de Monterrey will acquire automatically the RSA insurance for the student and it will be mandatory for the student to pay for it, on the first two days of orientation week. The insurance payment will be requested in order to get the list of courses registered and to make any change in the student’s timetable during orientation week.
WAIVER FOR ALTERNATE INTERNATIONAL INSURANCE

Only for students who want their own insurance to be reviewed, this form should be fully completed and signed by the Insurance Carrier/Company/Representative

INFORMATION ABOUT THE INSURANCE
Student’s Name: ___________________________________________ (Complete name as in passport)

Date of birth: _____/_____/______ (mm/dd/yyyy)  

Insurance company’s name: ___________________________________________  

Is it valid in Mexico? {please mark the answer that corresponds}: Yes____ No _____  

Policy number: ____________________________  

Dates of coverage are from ____/_____/_____ (mm/dd/yyyy) to ____/_____/_____ (mm/dd/yyyy)  

This policy has been fully paid? (please mark the answer that corresponds): Yes_____ No _____

<table>
<thead>
<tr>
<th>MANDATORY COVERAGES AND AMOUNTS</th>
<th>Meets requirements?</th>
<th>Insurance company’s amount of coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage</strong></td>
<td><strong>Minimum requirement</strong></td>
<td><strong>Please circle the answer that corresponds</strong></td>
</tr>
<tr>
<td>Medical expenses (sickness &amp; accidents).</td>
<td>120,000 USD</td>
<td>YES</td>
</tr>
<tr>
<td>Emergency evacuation expenses (sickness &amp; accidents).</td>
<td>120,000 USD</td>
<td>YES</td>
</tr>
<tr>
<td>Repatriation of remains.</td>
<td>15,000 USD</td>
<td>YES</td>
</tr>
<tr>
<td>Civil liability through trip.</td>
<td>500,000 USD</td>
<td>YES</td>
</tr>
<tr>
<td>Coverage in Injuries caused by fire weapons, assault and homicide.</td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>Guarantee of direct payment in case of emergency</td>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUGGESTED COVERAGES</th>
<th>Meets requirements?</th>
<th>Insurance company’s amount of coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage</strong></td>
<td><strong>Minimum requirement</strong></td>
<td><strong>Please circle the answer that corresponds</strong></td>
</tr>
<tr>
<td>Compensation for total and permanent disability caused by accident.</td>
<td>60,000 USD</td>
<td>YES</td>
</tr>
<tr>
<td>Compensation for accidental death.</td>
<td>60,000 USD</td>
<td>YES</td>
</tr>
<tr>
<td>Dismemberment scale “a”.</td>
<td>60,000 USD</td>
<td>YES</td>
</tr>
<tr>
<td>Hotel expenses for convalescence</td>
<td>1,000 USD (100 USD per day)</td>
<td>YES</td>
</tr>
<tr>
<td>Displacement expenses for a companion</td>
<td>3,000 USD</td>
<td>YES</td>
</tr>
<tr>
<td>Lodging expenses for one companion of the insured</td>
<td>1,000 USD (100 USD per day)</td>
<td>YES</td>
</tr>
</tbody>
</table>
List of hospitals located in Mexico City and affiliated to the insurance company where the student can be admitted without paying upfront (If necessary please indicate the type of emergencies in which direct payment applies):

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

(Please include country and area code for international calls)

Insurance assistance telephone number in Mexico: ________________________________

Full Name of the insurance representative: ______________________________________

Position: __________________________________________________________________

Telephone number: ___________________________________________________________

City and country: ____________________________

Date: ___________________________________________

(Please include country and area code for international calls)

INSURANCE INFORMATION IN CASE OF EMERGENCY

Emergency telephone: ____________________________________________________________

Policy number: __________________________________________________________________

Languages of attention in case of emergency: ______________________________________

Any other information that will be required to face any emergency: ___________________________

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Signature of the insurance representative

Stamp from the insurance company