



Insurance Compliance Form
For J-1 Visa Holders in the Rosen College /
Walt Disney Program

All international students on a J-1 visa are required to have health insurance coverage during their duration of immigration status as required by the State of Florida Board of Governors Regulation 6C-6.009 regulations, which states the following:

The Admission of Foreign Students to State University System Institutions, Section 2. No international student in F or J non-immigrant status shall be permitted to register, or to continue enrollment, at a university without demonstrating that the student has adequate medical insurance coverage for illness or accidental injury which includes the minimum requirements listed in items 1-15 below.

Instructions for Students

In order to be considered properly insured, have this form completed by the health insurance company and return it or mail it to the address at the bottom of this form. If your policy does not meet these requirements, you will need to either purchase a supplemental plan that will add to the minimum required coverage, or purchase a new plan.

This Section is to be Completed by the Student

Last / Family Name		First Name
Mailing Address		
Phone Number	E-Mail	Date of Birth (mm/dd/yyyy)
Student's Signature		Date

This Section is to be Completed by the Insurance Company

Insurance Company Name	
Effective Date	Termination Date (Only end of program and continuous coverage is accepted)
U.S. Claims Agent Address	Phone

Please check YES or NO to each item below indicating if the required basic benefit applies to the student's plan.	YES	NO
Coverage Period: The policy must provide continuous coverage for the entire period of the student's length of program. Payment of benefits must be renewable.		
Basic Benefits: Room, board, hospital services, physician fees, surgeon fees, ambulance, outpatient services, and outpatient customary fees must be paid at 80% or more of usual, customary, reasonable charge per accident or illness, after deductible is met, for in-network, and 70% or more of usual, customary, and reasonable charge for out-of-network providers per accident or illness.		
Inpatient Mental Health Care: Must be paid at 80% in-network or 60% out-of-network of the usual and customary fees with a minimum 30-day cap per benefit period.		
Outpatient Mental Health Care: Must be paid at 80% in-network or 60% out-of-network of the usual and customary fees for a minimum of 30 (preferably 40) sessions per year.		
Maternity Benefits: Must be treated as any other temporary medical condition and paid at no less than 80% of usual and customary fees in-network or 60% out-of-network.		
Inpatient/Outpatient Prescription Medication: Must include coverage of \$1,000 or more per policy year.		
Repatriation: \$10,000 (coverage to return the student's remains to his/her native country).		
Medical Evacuation: \$25,000 (to permit the patient to be transported to his/her home country and to be accompanied by a provider or escort, if directed by the physician in charge).		
Exclusion for Pre-Existing Conditions: First six months of policy period, at most.		
Deductible: Maximum of \$50 per occurrence if treatment or services are rendered at the Student Health Center; maximum of \$100 per occurrence if treatment or services are rendered at an off-campus ambulatory care or hospital emergency department facility.		
Minimum coverage: \$200,000 for covered injuries/illnesses per policy year.		
Insurance Carrier must have an "A" rating or above per Part 62.14(c)(1) of Section 22 of the Code of Federal Regulations.		
Policy must not unreasonably exclude coverage for perils inherent to the student's program of study.		
Claims must be paid in U.S. dollars payable on a U.S. financial institution.		
Policy provisions must be available from the insurer in English.		

To the Insurance Company Representative: *I attest to the fact that this insurance policy covers the above basic benefits. I have completed and verified the information on this form.*

Insurance Representative Name and Position (print)	Stamp
Signature	Date