USF UNIVERSITY OF SOUTH FLORIDA
STUDENT HEALTH SERVICES

International Student Health Insurance Compliance Form

Student Insurance Office●4202 E. Fowler Ave, SHS 100●Tampa, FL 33620-6750●e-mail: insurance@shs.usf.edu
Phone: (813) 974-5407●Fax: (813) 974-8910 (Completed forms may be faxed)

THIS SECTION IS TO BE COMPLETED BY THE INTERNATIONAL STUDENT

Student ID Number: U☐☐☐☐-☐☐☐☐

_____ _____
Last /Family Name First/Given Name

_____
Street Address

_____ _____ _____
City State Zip Code

_____ _____
Phone Number Date of Birth

_____ _____
Subscriber/Insurance ID Number Group Number

This form is designed to assist international students in complying with **Florida Administrative Code Rule 6C-6.009(6)** and **USF Rule 6C4-6.0162.** All non-United States Citizens or non-United States Permanent Residents shall only be permitted to register or continue enrollment at USF by demonstrating that he or she has medical coverage for illness and accidental injury. International students will automatically be enrolled under the USF Health Insurance Policy unless he or she submits proof (by the 5th day of the term) of coverage under an alternate health insurance policy. International students in F-1, F-2, J-1 or J-2 visa classes including special, non-degree seeking students, must demonstrate that they have adequate insurance coverage with benefits at least equal to those required by **USF Rule 6C4-6.0162**.

Only an alternate policy with an effective date of the 1st day of the term or prior will be considered. Furthermore, coverage must include the full year, including annual breaks, regardless of the student's terms of enrollment. The policy must provide continuous coverage for the entire period the insured is enrolled as an eligible student. Payment of benefits must be renewable. No exceptions will be granted.

Please be advised that if an alternate insurance policy is not approved, it does not mean that USF, or any of its employees recommend the cancellation of any existing, pending or proposed insurance coverage. A denial only indicates that the policy presented does not meet the minimum established guidelines.

Instructions to the Student: Ask your insurance company representative to complete and return this form to the address or fax number listed above.

Release Information: I hereby permit my insurance company to release the following information to the USF Student Health Services.

_____ _____
Student Signature **Date**

FOR OFFICE USE ONLY:
Approved: YES NO
Comments: _____
SHS/SIO (authorized signature): _____
Date: _____ Expiration Date: _____

THIS SECTION IS TO BE COMPLETED BY THE INSURANCE COMPANY

Effective Fall 2008, an adequate health insurance policy must contain these elements:

- Basic benefits: Inpatient and Outpatient services paid at 80% of usual, customary and reasonable (UCR) charge after deductible is met, for in-network providers, and 70% or more of UCR charge for out-of-network providers per accident or illness;
- Inpatient mental health care: paid at 80% in-network or 60% out-of-network of the UCR charge with a minimum 30-day cap per benefit period;
- Outpatient mental health care: paid at 80% in-network or 60% out-of-network of UCR charge for a minimum of 30 sessions per year;
- Maternity benefits: treated as any other temporary medical condition and paid at no less than 80% of UCR charge in-network or 60% out-of-network;
- Inpatient/outpatient prescription benefit: minimum coverage of $1,000 per policy year;
- Pre-existing conditions: exclusion period must not exceed six months;
- Deductible: maximum of $50 per occurrence at USF Student Health Services; 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; and
- Policy provisions must be available from the insurer in English.

Does policy # _____ issued by _____ to _____ meet the minimum requirements as stated above for the period from _____ to_____? **Yes** _____ **No** _____

Furthermore, please confirm whether or not the policy listed provides.

- Repatriation: $10,000; Yes _____ No _____
- Medical Evacuation: $25,000 including coverage for an accompanying provider or escort, if directed by the physician in charge; Yes _____ No _____

_____ _____
Insurance Company Name Phone Number

_____ _____
Print Name Position

_____ _____
Signature Date