

INTERNATIONAL STUDENT HEALTH INSURANCE COMPLIANCE FORM

This form has been designed to assist international students in complying with the State of Florida and Florida State University rules and regulations that requiring all international students to have health insurance to register or enroll in university classes. Florida State University has available a policy that includes the mandated benefits. Any international student that purchases an alternate policy must provide Thagard Student Health Center with proof that the alternate policy provides the mandated benefits. Only policies offered by insurers licensed and authorized to write health insurance by the Florida Department of Insurance will be accepted.

THIS SECTION TO BE COMPLETED BY THE INSURANCE COMPANY

INSTRUCTIONS FOR INSURANCE COMPANY COMPLETING THIS FORM: Please read carefully the list of mandatory benefits. Fill in the insurance company name, policy number, date coverage begins and terminates. For item 1-11, state "yes" for every benefit covered or exceeded in the insured student's policy and "no" for benefits not covered or that do not meet required amounts of coverage. Complete the remaining questions, print your name and position with the insurance company, and sign and date this form at the bottom of the page. Completed information may be returned to the student or faxed directly to Thagard Student Health Center – Insurance Office at 850-644-4251

Student name (last) _____ (First) _____
Social security number: _____

Insurance Company: _____ Policy number: _____
Date coverage begins: _____ Terminates: _____

The insurance policy must include the following mandated benefits:

- _____ 1. Coverage Period: 52 continuous weeks
- _____ 2. Basic Benefits: Room, board, hospital services, physician fees, surgeon fees, ambulance, outpatient services, and outpatient customary fees paid at 80% of usual, customary, reasonable (UCR) charge after deductible is met
- _____ 3. Inpatient Mental Health Care: 50% of the usual and customary fees with a minimum 30-day cap
- _____ 4. Outpatient Mental Health Care: Paid at 50% of the usual and customary fees with a minimum \$100 cap
- _____ 5. Maternity Benefits: Treated as any other temporary medical condition
- _____ 6. Inpatient/Outpatient Prescription Medication: Offers coverage
- _____ 7. Repatriation: \$10,000 (coverage to return the student's remains to his/her native country)
- _____ 8. Medical Evacuation: \$10,000 (permits the patient to be accompanied by a provider or escort if directed by the physician in charge)
- _____ 9. Exclusion for Pre-Existing Conditions: First six months
- _____ 10. Deductible: \$50 per occurrence if treatment is rendered at a State University System Student Health Center, \$100 per occurrence if treatment is not rendered at the Student Health Center
- _____ 11. Minimum coverage: \$200,000 for covered injuries/illnesses per individual student

The insurance policy and the premium rate has Florida Department of Insurance approval YES _____ NO _____

The insurance policy meets the minimum requirements as stated above YES _____ NO _____

I represent _____ Insurance Company and certify the accuracy of information provided on this form.

Print name: _____ Position: _____

Signature: _____ Date: _____