



International Student Office
 11000 University Pkwy, Bldg. 71
 Pensacola, FL 32514
 850-474-2479 Office—850-474-2915 Fax

Health Insurance Compliance Form for F-1 and J-1 Student Visa Holders

All international students on an F-1 or J-1 visa are required to have health insurance coverage for the duration of their non-immigrant status in order to register or enroll in class.

Instructions for Students

In order to be considered properly insured, you must have this form completed by the health insurance company and return it to the address at the top 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 you will need to purchase a new plan.

This Section is to be Completed by the Student

F-1 Student J-1 Student

Family Name:	First Name:	Date of Birth (Month/Day/Year):
Email:	Phone Number:	Country of Citizenship:
Mailing Address:		

I certify that the information given in this form is accurate and complete to the best of my knowledge. I understand that to make false or fraudulent statements within this application may result in revocation of admission, loss of non-immigrant status, and/or disciplinary action.

Signature of Student: _____	Date: _____
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This Section is to be Completed by the Insurance Company

Insurance Company Name:		
Policy Number:	Dates of coverage:	Phone Number:
U.S. Claims Agent Address:		

Please check YES or NO to each item below indicating if the required basic benefit applies to the student's plan.

YES	NO	BENEFITS
		Coverage Period: Coverage must start at least 7 days before the student's first day of classes and must extend for one continuous calendar year. Coverage for students attending UWF for one semester or term only, must start at least 7 days before the student's first day of classes and extend continuously for at least 60 days following the last day of classes. This policy 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 for a minimum of 30-day cap per benefit year.
		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.
		Repatriation: \$10,000 (coverage to return the student's remains to his/her native country).
		Medical Evacuation: \$25,000 (permits the patient 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 is rendered at the Student Health Center; maximum of \$100 per occurrence if treatment services are rendered at an off-campus ambulatory care of hospital emergency department facility.
		Minimum Coverage: \$200, 000 for covered injuries/illnesses per accident or illness, per policy year.
		This policy is underwritten by an insurance provider having one of the following: an A.M. Best rating of "A-" or above; an Insurance Solvency International, Ltd. Rating of "A-i" or above; a Standard and Poor's Claims-paying Ability rating of "A-" or above; a Weiss Research, Inc. rating of B+ or above; or such other rating as the United States Department of State may from time to time specify.
		The 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: _____	Stamp: _____
Signature: _____	Date: _____