**School Year:** Click or tap here to enter text.

**Print Name:** Click or tap here to enter text. **Student ID: N** Click or tap here to enter text.

**Gender:  male  female**

# INTERNATIONAL STUDENT HEALTH INSURANCE COMPLIANCE FORM

To comply with Florida State Board of Governors Regulation BOG 6.009, international students must have health insurance. Students in F-1, F-2, J-1 and J-2 status must maintain, and provide proof of, health insurance coverage from the first day of class until the last day before the next semester begins **EACH** semester, thus insuring there is no lapse in coverage.

The University of North Florida (UNF) has available a policy that includes the benefits mandated below.

If you would like to purchase an alternate policy, please fill out the top portion of this form, have your insurance company fill out the bottom portion of this form, and return it to Medical Compliance **before you will be allowed to register for classes.**

All alternate insurance waiver forms must be received, reviewed, and approved prior to registration for classes.

\*\*PLEASE PRINT LEGIBLY BELOW.

**Student Release Information:** I hereby permit my insurance company to release the following information to staff persons at UNF Medical Compliance. Also, I understand the international insurance requirements established by the University of North Florida and agree to abide by them. I understand alternate insurance policies are approved for limited periods not exceeding one year and that requirements for alternate policy coverage are subject to change. I further understand that I must have my policy reviewed at the end of the approval period indicated below and provide this information to the Office of Medical Compliance prior to the termination of my policy. I understand that the insurance I have chosen may not be comparable to the UNF Hard Waiver Plan. I also understand that by using an alternate plan, there is a potential for higher deductibles, co-pays and out of pocket expenses.

Print Name:Click or tap here to enter text.Signature:Click or tap here to enter text.

Student ID: NClick or tap here to enter text. Date: Click or tap here to enter text.

## 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 completely the information requested below. Complete the form, print your name and position with the insurance company, and sign and date this form at the bottom of the page. In addition, please officially stamp this form. Completed information may be returned to the student or FAXED directly to MEDICAL COMPLIANCE at 904-620-2901.

Insured’s Name:

Last Click or tap here to enter text. First Click or tap here to enter text. Middle InitialClick or tap here to enter text.

Insurance company: Click or tap here to enter text. Policy Number:Click or tap here to enter text.

Email address: Click or tap here to enter text. Phone Number:Click or tap here to enter text.

U. S. Claims Company Address: (IF AVAILABLE):Click or tap here to enter text.

U. S. Claims Company Phone: (IF AVAILABLE):Click or tap here to enter text.

**Date Coverage Begins:** Click or tap here to enter text. **Terminates:** Click or tap here to enter text.

### The insurance policy must include the following mandated benefits\*:

1. Coverage Period: Policy must provide at a minimum continuous coverage for the entire period the insured is enrolled as an eligible student, including annual breaks. The student must be covered from the first day of class until the day before the next semester begins. Payment of benefits must be renewable.
2. 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.
3. 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.
4. 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.
5. 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.
6. Inpatient/Outpatient Prescription Medication: Must include coverage of $1,000 or more per policy year.
7. Repatriation: $ 25,000 (coverage to return the student’s remains to his/her native country).
8. Medical Evacuation: $50,000 (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).
9. 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.
10. Minimum coverage: $ 200,000 for covered injuries/illnesses per policy year.
11. Insurance Carrier must have an “A” rating or above per Part 62.14(c)(1) of Section 22 of the Code of Federal Regulations.
12. Policy must not unreasonably exclude coverage for perils inherent to the student’s program of study.
13. Claims must be paid in U.S. dollars payable on a U.S. financial institution.
14. Policy provisions must be available from the insurer in English.
15. Student must be eligible to purchase the insurance for the full year.

### This insurance policy meets the minimum requirements listed above.

**TO THE INSURANCE COMPANY REPRESENTATIVE:**  Please read and sign the following: I have verified the information on this form. I certify that the coverage indicated is now in force. If the above noted policy is terminated I will notify Gallagher Koster immediately.

**Print Name:** Click or tap here to enter text. **Position:** Click or tap here to enter text.

**Signature:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

**Stamp (REQUIRED):**

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| --- | --- |
| **UNF University of North Florida Logo** | Important InformationAbout InternationalStudent Health Insurance |

**To comply with the Florida State Board of Governors Regulation BOG 6.009(6), F-1, F-2, J-1, J-2 visa status students must have a health insurance policy that meets certain criteria. The University of North Florida (UNF) has a policy available that includes benefits that meet these requirements. International students also have the option to purchase an alternate policy, as long as the policy meets the Florida State Board of Governors Regulation. Please take a moment to read the information below to determine which option would best meet your needs. Take note of the due dates and deadlines, as these are very important.**

**United Health Care Insurance Plan:**

* **Information on this plan can be found on the Gallagher website** [**www.gallagherstudent.com/unf**](http://www.gallagherstudent.com/unf)
* **The fee for this plan is automatically assessed on every F/J visa status student’s account when tuition fees are assessed (Unless a waiver for alternate insurance has been submitted and approved) and has the same payment deadline.**
* **One of the major benefits of this plan is that 100% of all services performed at the Student Health Services clinic are covered at 100% with no copay, deductible or % of responsibility.**
* **This plan is fully compliant with the new Federal Healthcare Reform Regulations which includes:**
  + **100% Coverage for annual GYN exams, STI testing, physicals and immunizations**
  + **Includes Essential Benefits such as Ambulatory Patient Services, Emergency Services, Hospitalization, Maternity, Mental Health, Rehabilitative Services, Durable Medical Equipment, Prescription Drugs, Diagnostic Tests and Wellness/Preventive Care.**

**Alternate Insurance Waiver Plan:**

* **In order to apply for alternate insurance, students must submit an International Student Health Insurance Compliance Form. This form can be obtained at** [**UNF - Student Health Services - Health Insurance**](https://www.unf.edu/brooks/shs/health-insurance.html)
* **This form may be submitted in the following formats:**
  + **Email the form to Medical Compliance at mailto:** [**medical\_compliance.unf.edu**](mailto:medical_compliance.unf.edu) **or for questions call 904-620-2175**
  + **Fax the form to Medical Compliance at 904-620-2901**
  + **Hand deliver the form to Office of Medical Compliance, Brooks College of Health, Bldg. 39A, 2nd floor, Room 2100**
  + **Mail the form to: Medical Compliance**

**1 UNF Drive**

**Jacksonville, FL 32224-7699**

* **These forms may be submitted 60 days in advance. The best way to avoid the UNF insurance fee from being assessed to your account is to submit these forms before tuition fees are assessed to your account (Approx. 3 weeks before the first day of each semester).**