

**FLORIDA ATLANTIC UNIVERSITY
INTENSIVE ENGLISH INSTITUTE**
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ALTERNATE INSURANCE COMPLIANCE FORM

Insurance Requirement for International Students in F-1 Visa Status

All international students are permitted to enroll at Florida Atlantic University (FAU) only after demonstrating that they hold medical insurance coverage which meets the guidelines set by the federal government, the State of Florida, the Florida Board of Governors and Florida Atlantic University. F-1 students may purchase the FAU-procured plan or provide proof of an acceptable alternate medical insurance plan. F-1 students who wish to purchase (or currently hold) an alternate policy must provide proof that the alternate policy provides the mandated benefits. **Misrepresenting or willfully failing to maintain appropriate medical insurance coverage will result in serious consequences for the student, including but not limited to loss of FAU privileges and class registration.**

The **Alternate Insurance Compliance Form** is designed to assist F-1 students in complying with the insurance requirement if choosing not to enroll in the FAU-procured plan. This form must be completed each academic year. Students must complete section I and the insurance company must complete section II. FAU reserves the right to request a copy of the insurance policy and to further inquire about the policy as needed.

SECTION I: TO BE COMPLETED BY THE STUDENT

Name: _____
Last/Family/Surname First/Given Middle

Date of Birth: _____ Email: _____
Month/Day/Year

Address: _____
Street/Apartment # City State Zip Code/Country

My Contact Information: _____
Telephone # including area code Cell # including area code

Policy Information: _____
Company Name Policy/Group Number

Student Acknowledgment and Release: I understand the international student insurance requirements established by FAU and I agree to abide by them. I understand that alternate insurance policies are approved for periods not exceeding one year at a time, and requirements are subject to change. If the alternate insurance is not approved, this does not mean that FAU or any of its employees recommend that I cancel any existing, pending or proposed insurance coverage. A denial implies only that the policy presented does not meet the minimum criteria established by FAU with respect to specific medical insurance coverage criteria required for registration and/or enrollment. Furthermore, I understand that I must have my policy recertified annually.

I hereby give permission to my insurance company representative to complete and return this form to the address or fax number listed at the top of this page.

 Student's Signature

 Date

SECTION II: TO BE COMPLETED BY THE INSURANCE COMPANY

Student's Name (Last, First, Middle): _____

Student's Date of Birth (Month/Day/Year): _____

Insurance Agency & Agent Name: _____

U.S. Claims Agent Address: _____

U.S. Claims Agent Contact: _____
Telephone Fax Email

Policy Number: _____ Coverage begins on _____ and ends on _____

Please review the requirements and complete the acknowledgment listed below:

1. Claims: The alternate policy has a claims agent located in the United States.
2. Basic Benefits: Room, board, hospital services, physician fees, surgeon fees, ambulance, outpatient services, and outpatient customary fees paid at 80% or more of usual, customary, reasonable charges per accident or illness, after deductible is met, for in-network, and 70% or more of usual, customary, and reasonable charges for out-of-network providers per accident or illness.
3. Inpatient Mental Health Care: Paid at 80% in-network or 60% out-of-network of the usual and customary fees with a minimum 30-day cap.
4. Outpatient Mental Health Care: 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: 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: Offers coverage of \$1000 or more.
7. Exclusion for Pre-Existing Conditions: First six months of policy period at most.
8. Deductible: \$100 per occurrence or \$350 cumulative per policy year.
9. Minimum coverage: \$200,000 for covered injuries/illnesses per accident or illness, per policy year, with no internal caps or limitations for covered injuries or illnesses.
10. Insurance Carrier must be "A" rating or above per Para 62.(c)(1) of the Code of Federal Regulations.
11. Policy may not unreasonably exclude coverage for perils inherent to the student's program of study.
12. Claims are paid in U.S. dollars payable on a U.S. financial institution.
13. Policy provisions available from insurer in English.
14. Policy premiums shall be refundable if student is no longer eligible for policy (in no other instances shall the policy be refundable).
15. Repatriation: \$10,000 (coverage to return the student's remains to his/her native country).
16. Medical Evacuation: \$25,000 (permits the patient to be transported to their home country and to be accompanied by a provider or escort if directed by the physician in charge).

Acknowledgment: Policy # _____ issued by (company name) _____

to (student's name) _____ for the period from _____
Month/Day/Year

to _____
Month/Day/Year

meets ____ **does not meet** ____ the above requirements 1 through 14 and

meets ____ **does not meet** ____ the above requirements 15 and 16.

I certify that the information above is true and accurate and I have verified the information pertaining to each of the requirements noted above. I understand that Florida Atlantic University is relying on these representations in permitting this student to register or continue enrollment. If the above policy is terminated, I will notify Florida Atlantic University immediately.

Company Representative _____

	Name	Position
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Contact Information: _____

Telephone	Fax	Email
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Signed: _____ Date: _____

Note: Policies that meet requirements 1 through 14 will be accepted if students purchase a separate insurance rider for medical evacuation and repatriation (Items 15 and 16). Students have the option to purchase this rider at FAU.