Florida Atlantic University ~ Student Health Services ~ Division of Student Affairs
777 Glades Road, 8W 235, Boca Raton, FL 33431 Tel. (561) 297-3515 Fax: (561) 297-0221
Email: insurance@fau.edu

ALTERNATE INSURANCE COMPLIANCE FORM FOR INTERNATIONAL STUDENTS

2014-2015 Academic Year

Insurance Requirement for International Students in F and J 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, as applicable. J-1 students and their J-2 dependents are required by federal law to maintain health insurance coverage during the entire duration of their association with FAU (including any period authorized for academic training). F-1 and J-1 students may either purchase the FAU-procured plan or provide proof of an acceptable alternate medical insurance plan. (Non-student J-1 holders must purchase the FAU-procured plan and cannot use an alternate plan for complying with the insurance requirement.) 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 the required appropriate medical insurance coverage will result in serious consequences for the student including, but not limited to, loss of FAU sponsorship, loss of enrollment and revocation of class registration privileges.**

The **Alternate Insurance Compliance Form (AICF)** is designed to assist F-1 and J-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:_____ Z# _____
Last/Family/Surname First/Given Middle

Date of Birth: _____ Gender: M___ F___ Immigration Status: F-1__ J-1 __ J-2 __ Other (explain): _____
Month/Day/Year

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

Contact Information:_____
Telephone # Cell Phone# Email Address

Policy Information: _____
Insurance 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 release all information regarding my medical insurance coverage to FAU, to contact FAU if my coverage lapses or terminates for any reason, and to complete and return this form to the address or fax number listed below:
Student Health Services, Florida Atlantic University, 8W, Room 235, 777 Glades Road, Boca Raton, FL 33431, USA, Phone: 561-297-3515, Fax 561-297-0221, Email: insurance@fau.edu.

_____ _____
Student's Signature Date

SECTION II: TO BE COMPLETED BY THE INSURANCE COMPANY

Return this form to*:*
Student Health Services, Florida Atlantic University, 8W, Room 235, 777 Glades Road, Boca Raton, FL 33431, USA, Phone:561-297-3515, Fax 561-297-0221, Email: insurance@fau.edu.

Student Name:_____ Z#_____ Date of Birth_____

Insurance Agency & Agent Name: _____

U.S. Claims Agent Address:_____

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

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

Please review the requirements and complete the two acknowledgment statements listed below:

1. Claims: The alternate policy has a claims agent located in the United States.
2. Coverage Period*: Policy must provide continuous coverage for the entire period the insured is enrolled as an eligible student. Policy is prepaid and/or non-cancelable for the entire coverage period. Payment of benefits cannot be limited to a specific period of time (i.e., must be renewable).
   NOTE: For students beginning enrollment at FAU in the Spring or Summer terms, coverage must extend from at least the beginning of the term started to the third week of August. For students graduating in the Fall term, coverage must extend through the first week of January.
3. 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 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.
4. 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.
5. 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.
6. 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.
7. Inpatient/Outpatient Prescription Medication: Offers coverage of $1000 or more.
8. Exclusion for Pre-Existing Conditions: First six months of policy period at most.
9. Deductible: $50 per occurrence if treatment or services are rendered at a Student Health Center (SHC), $100 per occurrence if treatment or services are not rendered at a SHC, or $400 cumulative per policy year.
10. 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.
11. Insurance Carrier must be “A” rating or above per Para 62.14(c) (1) of the Code of Federal Regulations.
12. Policy may not unreasonably exclude coverage for perils inherent to the student’s program of study.
13. Claims are paid in U.S. dollars payable on a U.S. financial institution.
14. Policy provisions available from insurer in English.
15. Policy premiums shall be refundable if student is no longer eligible for policy (in no other instances shall the policy be refundable).
16. Repatriation: $10,000 (coverage to return the student’s remains to his/her native country).
17. Medical Evacuation: $25,000 (permits 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).

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

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

meets ___ **/does not meet** ___ the above requirements 1 through 15.

meets ___ **/does not meet** ___ the above requirements 16 through 17.

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 for any reason, I will notify Florida Atlantic University immediately at the contact information above.

Company Representative: _____
Name Position

Contact Information: _____
Telephone Fax Email

Signature:_____Date:_____

Note: Policies which meet requirements 1 through 15 will be accepted if students purchase a separate insurance rider for medical evacuation and repatriation (items 16 and 17). Students have the option to purchase this rider at FAU.