International Student Health Insurance Compliance Form

Student ID Number: U __________ - __________

Last /Family Name          First/Given Name

Street Address

City                      State        Zip Code

Phone Number               Date of Birth

Subscriber/Insurance ID Number  Group Number

This form is designed to assist international students in complying with Florida Board of Governor’s Regulation 6.009(6) and USF Regulation 6.0162. All students who are not United States Citizens or Permanent Residents of the United States (both non-degree seeking and those admitted to an academic program at a University of South Florida System [USF System] institution, including INTO University of South Florida) must demonstrate that they have health insurance coverage for accidents and illness prior to registration for classes. International students are automatically enrolled under the USF Sponsored Health Insurance Policy unless proof is submitted of coverage under an alternate health insurance policy prior to the 1st day of the term. International students in F or J non-immigrant status including, non-degree seeking students, must demonstrate that they have adequate insurance coverage with benefits at least equal to those required by USF Regulation 6.0162.

Only an alternate policy with an effective date of the 1st day of the term or prior will be accepted. All students must provide proof of continuous coverage until the end of the academic year regardless of the student’s terms of enrollment (i.e. semester off, graduation, spring admit). Payment of benefits must be renewable.

Please be advised that if an alternate insurance policy is not approved, it does not mean that USF, or any of its employees recommend the cancellation of any existing, pending or proposed insurance coverage. A denial only indicates that the policy presented does not meet the minimum established guidelines.

Instructions to the Student: Ask your insurance company representative to complete and return this form via mail, email or fax number listed above. To upload visit www.shs.usf.edu, click on Insurance tab, click on International Insurance Compliance, and click on “Upload supporting documents here” at the bottom of webpage.

Release Information (if required by Insurer): I hereby permit my insurance company to release the following information to the USF Student Health Services.

Does policy # _________________________ issued by _________________________ meet the minimum requirements as stated above for the period from ______/____/____ to ______/____/____? Yes________ No_______

U.S. Provider Network: _______________ U.S. Phone Number: _______________

* If No, please circle number(s) and explain: ____________________________

__________________________

Insurance Company Name

__________________________

Print Representative Name (Required)

__________________________

Signature of Representative (Required)

Form valid only if all fields are completed by representative of insurance company or employer.

SHS-Insurance "Compliance Form" 07/06/2016"