



International Student Health Insurance Compliance Form

Student Compliance Office • 4202 E. Fowler Ave, SHS 100 • Tampa, FL 33620-6750 • Phone: (813) 974-5407

Fax, email or upload completed forms to: (813) 974-8910 or insurance@shs.usf.edu or www.shs.usf.edu (See Instructions to the Student)

THIS SECTION IS TO BE COMPLETED BY THE INTERNATIONAL STUDENT

Student ID:

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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 August 17, 2019. In addition, International students in F or J non-immigrant visa status including, non-degree seeking students must demonstrate adequate insurance coverage with benefits at least equal to those required by [USF Regulation 6.0162](#)

Only an alternate policy with coverage, effective from the 1st day of the term or prior till 8/16/19 will be accepted. Payment of benefits must be renewable.

Please be advised that if an alternate insurance policy is not approved, it is because it does not meet the date and minimum benefit requirements. It does not mean that USF, or any of its employees recommend the cancellation of any existing, pending or proposed insurance coverage.

Instructions to the Student: Have your insurance company 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 of Information: My signature below authorizes my insurance company to complete this form and release the following information to USF Student Health Services for the 2019-2020 Academic Year.

Student Signature Date

FOR OFFICE USE ONLY: Approved till _____ Denied _____

Comments: _____

SHS Representative: _____ Date: _____

THIS SECTION IS TO BE COMPLETED BY THE INSURANCE COMPANY

Travel insurance and plans requiring reimbursement for medical services do not meet the regulation

An adequate health insurance policy for F and J visa holders must contain these elements:

1. **Basic benefits:** Inpatient and Outpatient services paid at 80% of usual, customary and reasonable (UCR) charge after deductible is met for in-network providers, and 60% or more of UCR charge for out-of-network providers per accident or illness;
2. **Inpatient mental health care:** paid at 80% in-network or 60% out-of-network of the UCR charge with a minimum 30-day cap per benefit period;
3. **Outpatient mental health care:** paid at 80% in-network or 60% out-of-network of UCR charge for a minimum of 30 sessions per year;
4. **Maternity benefits:** treated as any other temporary medical condition and paid at no less than 80% of UCR charge in-network or 60% out-of-network;
5. **Inpatient/outpatient prescription benefit:** minimum coverage of \$1,000 per policy year;
6. **Pre-existing conditions:** exclusion period must not exceed six months;
7. **Deductible:** maximum of \$50 per occurrence at USF Student Health Services, maximum of \$100 per occurrence if treatment or services are rendered at an off-campus ambulatory care or hospital emergency department facility; Not to exceed \$1,000 per policy year;
8. **Minimum coverage:** \$100,000 for covered injuries/illnesses per accident or illness per policy year;
9. Insurance carrier must have an "A" rating or above per Part 62.14(d) (1) of Section 22 of the Code of Federal Regulations;
10. Policy must not unreasonably exclude coverage for perils inherent to the student's program of study;
11. Claims must be paid in U.S. dollars payable on a U.S. financial institution;
12. Policy provisions must be available from the insurer in English;
13. **Repatriation of Mortal Remains:** minimum coverage of \$25,000,
14. **Medical Evacuation:** minimum coverage of \$50,000 (transports patient to his/her home country accompanied by a provider or escort, if directed by the physician in charge.

Policy # _____ Effective: _____ Terminates: _____
MM/DD/YYYY MM /DD/ YYYY

Issued by _____

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

Meet the minimum requirements as stated above **Yes** _____ ***No** _____ circle the number(s) above and explain: _____

Insurance Company Name Phone Number

Print Representative Name (Required) Position

Signature of Representative (Required) Date

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