

Central Florida Community College
2009-2010
International Student Health Insurance Waiver Request Form

This two page form has been designed to assist International students in complying with Central Florida Community College rule provides that “no foreign student in F-1 non-immigrant status shall be permitted to register or to continue enrollment at the college without demonstrating that he or she has adequate medical insurance coverage for illness or accidental injury”. If you have purchased an alternate policy, you must provide proof that your policy provides benefits at least equal to those required by Central Florida Community College. This form must be completed and submitted to Insurance for College Students by September 22, 2009.

Part I: Instruction to Student: Please complete part I of this form and then send to your insurance agent. Your insurance agent will complete part II and submit to Insurance for College Students.

Student Name: _____

Student ID#/Social Security Number: _____

Telephone # _____ Email _____

Name of insurance company _____

Policy # _____

Part II: Instruction to Insurance Agent/Company. Please complete part II of this form and submit to Insurance for College Students, fax 561.488.7919. Please state **YES** or **NO** for each of the items listed (blank will be considered NO).

____ 1. Coverage Period: Insurance must be in force and paid in advance for August 18,2009 to August 18, 2010;

____ 2. Basic Benefits: Room, board, hospital services, physician fees, surgeons fees, outpatient services, outpatient customary fees. All in network must be paid at 90% of usual, customary, and reasonable (UCR) charges;

____ 3. Deductible: Deductible can be no greater than one hundred dollars (\$100) per injury or sickness;

____ 4. Maternity benefits: Treated as any other sickness with the same benefits;

____ 5. Inpatient and Outpatient Mental Health benefit;

Student Name

___ 6. Repatriation: minimum of \$25,000 (coverage to return remains to home country);

___ 7. Medical Evacuation: minimum of \$50,000 (if directed by the physician in charge to be medically necessary, the expense of the patient to be transported back to his/her home country);

___ 8. Exclusion for Pre-existing condition: No longer than 12 months;

___ 9. Aggregate Cap: at least \$250,000 for each covered illness or injury per student.

___ 10. A United States Claims Agent and insurance proceeds are payable in U.S.A. dollars;

___ 11. Inpatient prescription medication benefit;

___ 12. Outpatient prescription medication benefit is tied in with illness/accident benefit. \$0 deductible per script. No maximum dollar limit per script.

___ 13. Includes laboratory and x-ray benefit;

___ 14. Upon graduation and return to home country, unused monthly premium payment may be returned to student if no claims have been filed during the month for which a refund has been requested. Student must request this refund in writing.

Only policies offered by insurers licensed and authorized to write health insurance by the Florida Department of Financial Services, Division of Insurance will be accepted. The insurance policy must be approved by the Florida Department of Financial Services, Division of Insurance.

Insurance company name: _____

Address: _____

Agent name: _____ Phone # _____

Fax #: _____ Dates of coverage _____ / _____
Beginning Ending

signature of insurance agent/representative

date

Fax completed form: 561.488.7919 or mail:
Insurance for College Students, LLC
P.O. Box 971053
Boca Raton, FL 33497-1053