UF International Center
UNIVERSITY of FLORIDA

170 HUB – Stadium Road. PO Box 113225
Gainesville, FL 32611-3225
Phone: 352-392-5323
Fax: 352-392-5575

INSURANCE VERIFICATION

_____	_____	_____	_____
Name	UFID	Date of Birth	Visa Type

The above named person has advised us that he/she has an insurance policy with your company. Please confirm that the policy covers all of the Florida State University Board of Governor's requirements for international students.

No international student in F or J non-immigrant status shall be permitted to register, or to continue enrollment, at the University of Florida without demonstrating that the student has adequate medical insurance coverage for illness or accidental injury and which includes the following minimum requirements:

____ 1. Coverage Period: Coverage must include the full year, including annual breaks, regardless of the student's terms of enrollment. The policy must provide continuous coverage for the entire period the insured is enrolled as an eligible student. Payment of benefits must be renewable.

____ 2. Basic Benefits: Room, board, hospital services, physician fees, surgeon fees, ambulance, outpatient services, and outpatient customary fees must be 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.

____ 3. Inpatient Mental Health Care: Must be paid at 80% in-network or 60% out-of-network of the usual and customary fees with a minimum 30-day cap per benefit period.

____ 4. Outpatient Mental Health Care: Must be 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: Must be 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: Must include coverage of $1,000 or more.

____ 7. Repatriation: $10,000 (coverage to return the student's remains to his/her native country).

____ 8. Medical Evacuation: $25,000 (to permit 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).

____ 9. Exclusion for Pre-Existing Conditions: First six months of policy period, at most.

____ 10. Deductible: Maximum of $50 per occurrence if treatment or services are rendered at the Student Health Center; maximum of $100 per occurrence if treatment or services are rendered at an off-campus ambulatory care or hospital emergency department facility.

____ 11. Minimum coverage: $200,000 for covered injuries/illnesses per accident or illness, per policy year.

____ 12. Insurance Carrier must have an "A" rating or above per Part 62.14(c)(1) of Section 22 of the Code of Federal Regulations.

____ 13. Policy must not unreasonably exclude coverage for perils inherent to the student's program of study.

____ 14. Claims must be paid in U.S. dollars payable on a U.S. financial institution.

____ 15. Policy provisions must be available from the insurer in English.

I hear by confirm that _____ does meet all the above requirements (1-15)
Insurance Company/Policy number

for the period from (start date) _____ to _____ (end date).

Printed Name of Insurance Representative _____

Insurance Representative Signature _____ Date _____

Company Address _____

Phone Number _____ Fax Number _____