

Rollins College Medical Insurance Waiver Form for International Students

I. Policy and Requirements

It is Rollins College policy that all undergraduate and graduate international students across all programs, are automatically enrolled in the College's student medical insurance plan unless they complete this insurance waiver form demonstrating proof of comparable insurance coverage prior to the waiver deadline established each year by the Office of the Bursar. **The waiver deadline for the Fall term is July 31 and for the Spring term is December 31. This is an annual requirement of all International students who wish to waive out of the student medical insurance plan.**

In addition, students on a J-1 visa status should note that Title 22, Section 514.14 of the United States Code of Federal Regulations governing Exchange Visitor Programs requires that the exchange visitor obtain health, accident, medical evacuation, and repatriation of remains insurance. The insurance policies must cover the exchange visitor and all accompanying dependents on a J-2 visa.

Please return this completed form to bursar@rollins.edu or fax to 1 (407) 975-6497.

II. Student Information – To be completed by the student

Student Name: _____ Student DOB: _____ R-Number: _____
(print name)

Enrollment Dates for Current Academic Year: _____ to _____

Signature: _____ Date: _____

III. Insurance Policy Information

This section is to be completed by an authorized agent of the insurance company underwriting the medical insurance policy under which the international student is currently enrolled. **This section may NOT be completed by the student.**

Policy Name/Number: _____ Group Number: _____

Member Name and ID Number: _____

- Is the plan an HMO Emergency Coverage Only Plan? No Yes
- Is the plan a short-term Travel Insurance Plan? No Yes
- Does the plan cover accidental injuries? No Yes

What are the dates of coverage on the current policy? From: _____ To: _____

Insurance Requirements:

International students who wish to waive out of the College's student medical insurance plan must demonstrate proof that they are currently enrolled in a medical insurance plan that offers coverage equal to or greater than the minimum coverage requirements outlined below.

Minimum Coverage (please check ALL applicable items below) –

Yes No

- Medical benefits of at least \$500,000 through December 31, 2014 and an *unlimited* cap as of January 1, 2015
- Repatriation of Remains in the amount of at least \$10,000
- Medical Evacuation to the students home country of at least \$10,000
- Deductible does not exceed \$250 In-Network and \$500 Out-of-Network per Benefit Period
- Wellness and Preventative medical charges covered at 100%
- Medical benefits provided for Illnesses, Injuries *and* Accidents
- No waiting period for pre-existing conditions or other pre-existing condition requirements

Agent Name: _____ Title: _____
(print name)

Phone: _____ Email: _____

Signature: _____ Date: _____

