MEDICAL INSURANCE COMPLIANCE FOR INTERNATIONAL STUDENTS

International students must comply with the State of Florida Board of Regents (BOR) rule requiring all international students to have medical insurance in order to register or enroll in classes. Rule 6C-6.009(2), provides that no international student in F or J non-immigrant status shall be permitted to register, or to continue enrollment, at a university without demonstrating that the student has adequate medical insurance coverage for illness or accidental injury. Specifically, this rule requires that insurance policies must provide, at a minimum, continuous coverage for the entire period that the insured is enrolled as an eligible student, including breaks between or during terms (for students enrolled in more than one term/semester, this means a full year). Further, payment of benefits must be renewable.

Health care and medical service in the U.S. is generally not socialized, but rather is privately funded and can be very expensive. This is why students must have personal medical insurance. The University has limited health care services on campus which can be utilized only for basic health care needs.

*It is your responsibility to secure the required medical insurance each semester.*

Failure to do so may prevent you from registering for classes, may result in administrative "holds" on your University records or could result in complications and/or violation of your immigration status.

**International students have two options for medical insurance coverage:**

**OPTION 1: Enrollment in FGCU International Student Medical Insurance Plan:**

Florida Gulf Coast University offers an approved medical insurance plan available to all students. As a service to our students, the applicable insurance premium costs will be posted on your FGCU student account EACH semester. Students should be prepared to pay for this insurance premium when arriving to the university and at the beginning of each subsequent semester. The insurance premiums (costs) are determined annually by the insurance provider. For the 2014-2015 academic year, premium rates are: **$511** for the fall semester, **$820** for spring/summer, and **$456** for spring semester only (permitted in special circumstances only). Premium rates are subject to change each year.

**Payment of Insurance Premium:** The FGCU International Student Medical Insurance Plan premium payment deadline is: **FRIDAY, January 09, 2015 for spring and spring/summer 2015** and **Tuesday, August 25, 2015 for fall 2015**. The insurance premiums must be paid in full by personal check, money order or credit card by that date (coinciding with FGCU tuition and fee payment deadline) through the FGCU cashier's office located in McTarnaghan Hall (first floor) or via your GULFLINE account.
OPTION 2: ALTERNATIVE MEDICAL INSURANCE COVERAGE: If you prefer to provide evidence of comparable medical insurance through another company that meets the State requirements, you may do so. Students must provide this evidence EACH semester. Please read the enclosed instructions on the FGCU International Student Medical Insurance Compliance Form (page 3) which also outlines the Minimum requirements established by the State of Florida. Although you may have some form of medical insurance, the University can only accept your insurance if it meets our requirements. Many medical insurance programs do not meet the Florida minimum requirements; we suggest you first confirm if your insurance will meet our requirements through the compliance form process prior to purchasing other insurance. Your insurance must be in effect as of August 19, 2015 (for fall semester 2015) and January 5, 2015 for spring and spring/summer semesters 2015 and throughout your continuous enrollment at FGCU.

DEADLINE FOR ALTERNATIVE INSURANCE FORM: SPRING: DEC 1, 2015   FALL: AUG 1, 2015

To submit the “International Student Medical Insurance Compliance Form” (see page 3)

1. Complete the student information section.
2. Submit the form to your medical insurance provider for completion.
3. When the medical insurance provider has completed the form, it must be received in the FGCU International Services Office (see contact information below) by the indicated deadlines.
4. YOU should retain a copy of the compliance form for your records.
5. The International Services Office will review your completed compliance form and notify you (generally via email) by August 9, 2015 for the fall semester or December 8, 2015 for spring and spring/summer terms if your insurance meets the State of Florida and university requirements.
6. If we do NOT accept your insurance compliance form, we are required to enroll you in the FGCU International Student Medical Insurance Plan and you are responsible for timely payment of the premium cost.
7. If we accept your insurance compliance form, you will not be required to enroll in the FGCU International Student Medical Insurance Plan and no medical insurance premiums will be posted to your student account.

Our contact information is: Florida Gulf Coast University
International Services Office
10501 FGCU Blvd. South
Fort Myers FL 33965-6565 USA

Phone: 239.590.7925
Fax: 239.590.7977
# International Student Medical Insurance Compliance Form

**International Services Office – 10501 FGCU Blvd South – Fort Myers FL 33965-6565  Telephone: 239.590.7925**  
**FAX COMPLETED FORM TO 239.590.7977 or SCAN/EMAIL TO internationalservices@fgcu.edu.**

## TO BE COMPLETED BY THE STUDENT (please print)

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<th>LAST NAME</th>
<th>First Name</th>
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<th>FGCU ID</th>
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**CIRCLE YOUR VISA TYPE:**  
- F-1  
- J-1  

**From item #5 of L-20 (F-1) or item #3 of your DS-2019 (J-1)**

**START DATE**  
**END DATE**  

I hereby authorize any insurance company to release the information on this form to Florida Gulf Coast University (FGCU).  
I understand:  
- The international insurance requirements established by FGCU and I agree to abide by them.  
- Altemate insurance policies are approved for limited periods not exceeding one academic year and the requirements of alternate policies are subject to change.  
- I must have my policy information re-certified each semester.  
- Failure to have continuous coverage, which means the minimum requirements outlined on the attached checklist, will result in a hold being placed on registration and I will be dropped from enrollment at FGCU.  
- If the alternate insurance coverage is approved, this does not mean FGCU nor any of its employees recommend that I cancel any existing, pending or proposed insurance coverage. A denial only implies that the policy presented does not meet the minimum requirements established by FGCU and the State of Florida with respect to specific medical insurance coverage criteria required for registration and/or enrollment.

**Signature of Student**  
**Date**  

## TO BE COMPLETED BY FGCU IS0 REPRESENTATIVE

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**Deductible exceeds max allowed**

**Co-pay exceeds limits**

**Other**

**Student notified**

**ISO Representative Signature**  
**Date**

## TO BE COMPLETED BY THE INSURANCE COMPANY REPRESENTATIVE (please print)

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<th>Policy #</th>
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**U.S. Claims Agent/phone number**

**Answer YES or NO to each of the following:**

1. Coverage is prepaid; continuous the entire period the insured is enrolled as an eligible student including annual breaks; and payment of benefits must be renewable.
2. Basic benefits: room, board, hospital services, physician services, surgeon fees, ambulance, outpatient services and outpatient Customary fees must be paid at 80% or more of usual, customary, reasonable charge per accident/illness, after deductible is met for in-network, and 70% or more of usual, customary, or reasonable charge for out-of-network providers per accident/illness.
3. Minimum coverage: $200,000 for covered injuries/illnesses per policy year.
4. Inpatient mental health care must be paid at 80% in-network or 60% out-of-network of the usual and customary fees within a minimum of 30-day cap per benefit period.
5. 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.
6. Maternity benefits must be treated as any other temporary medical condition and paid at no less than 80% in-network or 60% Out-of-network of the usual and customary fees.
7. Inpatient/Outpatient prescription medication offers coverage of $1,000 or more per policy year.
8. Exclusion of pre-existing conditions must be no more than six (6) months from initial enrollment in plan.
9. 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 service is rendered at an off-campus ambulatory care or hospital emergency room department.
10. Exclusion of coverage: policy must not unreasonably exclude coverage for perils inherent to the student’s program of study, i.e., policy must provide reasonable coverage for such perils.
11. Repatriation: $10,000 (coverage to return the student’s remains to his/her native country).
12. Medical evacuation: policy provides a minimum of $25,000 to permit patient to be transported to his/her home country and be accompanied by a provider or escort, if directed by the physician in charge.
13. Policy provisions must be available in English.

**INSURANCE CARRIER:** Pertaining to the regulations governing the U.S. EVP, please identify which rating applies to this insurance:

- Underwritten by an insurance corporation with an AM Best rating of “A-” or above, an Insurance Solvency International, Ltd (ISI) rating of “A-” or above, a Standard & Poor’s Claims-Paying Ability rating of “A-” or above, a Weiss Research, Inc rating of “B+” or above, or such other rating as the Department of State may from time to time specify; OR
- Backed by the full faith and credit of the government of the exchange visitor’s home country; OR
- Offered through, or underwritten by, a federally qualified Health Maintenance Organization (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of U.S. Department of Health and Human Services.

**INSURANCE COMPANY REPRESENTATIVE:** by signature below, I attest this policy covers the above basic benefits. I certify that the coverage is now in force and if the policy is terminated, I will notify FGCU ISO immediately. I understand that FGCU is relying on this information to permit the student to register or continue enrollment.

**Name:**  
**Signature:**

**Title:**  
**Date**  
**Telephone:**  
**Fax:**

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