HILLSBOROUGH COMMUNITY COLLEGE

ALTERNATE INSURANCE COMPLIANCE FORM FOR INTERNATIONAL STUDENTS

2015-2016 Academic Year

Insurance Requirement for International Students

All international students are permitted to enroll at Hillsborough Community College only after demonstrating that they hold medical insurance coverage which meets the school’s requirements. International students may either purchase the IFS Prime Plan Program or provide proof of an acceptable alternate medical insurance plan.

The Alternate Insurance Compliance Form (AICF) is designed to assist international students in complying with the insurance requirements if choosing not to enroll in the Prime Plan International Student Health Program. This form must be completed each academic year or enrollment period. Students must complete Section I and the insurance company must complete Section II.

SECTION I: TO BE COMPLETED BY THE STUDENT

Name: ___________________________________________________________ Student ID# ____________________

Last/Family/Surname                         First/Given                         Middle

Date of Birth: ___________ Gender: M____F____ Immigration Status: F-1____ J-1____ J____ Other (explain): __________

Month/Day/Year

Address: __________________________________________________________

Street/Apartment #                         City                             State                         Zip Code/Country

Contact Information: ________________________________________________

Telephone #                              Cell Phone#                        Email Address

Policy Information: _________________________________________________

Insurance Company Name                         Policy/Group Number

Student Acknowledgment and Release: I understand the international student insurance requirements for Hillsborough Community College and I agree to abide by them. I understand that alternate insurance policies are approved for periods not exceeding one year at a time, and requirements are subject to change.

A denial implies only that the policy presented does not meet the minimum criteria established by Hillsborough Community College with respect to specific medical insurance coverage criteria required for registration and/or enrollment. Furthermore, I understand that I must have my policy recertified annually.

____________________________________________________________________

Student’s Signature                           Date
**Please include a summary of benefits with the submission of this form**

Please state YES or NO for each of the coverage requirements listed.

1. Claims: The alternate policy has a claims agent located in the United States.

2. Coverage Period*: Policy must be in force, paid FULLY in advance & non-cancellable for one of the following applicable periods: Please check applicable period below
   - Fall (new students): 7/31/2015 to 12/31/2015
   - Fall: 8/14/2015 to 12/31/2015
   - Spring/Summer: 1/1/2016 to 8/13/2016
   - Summer: 5/9/2016 to 8/13/2016

3. Basic Benefits: Room & board, hospital services, physician & surgeon fees and outpatient services paid at 80% or more of PPO Allowance per accident or illness with no internal limits for in-network charges (with no more than a $10,000 Out-of-Pocket maximum), and 70% or more of Usual & Customary charges for out-of-network providers per accident or illness.

4. Inpatient Mental Health Care: Paid as any other sickness.

5. Outpatient Mental Health Care: Paid as any other sickness.


7. Prescription Medication: Must provide coverage of $3,000 or more for inpatient and outpatient prescriptions.

8. Exclusion for Pre-Existing Conditions: First six months of policy period at most with a 6 month look-back period or less.

9. Deductible: $250 per policy year maximum.

10. Minimum coverage: $500,000 benefit for each Injury or Sickness for covered medical expenses.

11. Insurance Carrier must be “A” rating or above per Para 62.14(c) (1) of the Code of Federal Regulations.

12. Policy may not unreasonably exclude coverage for perils inherent to the student’s program of study.

13. Policy provides coverage for routine preventative services.

14. Policy provisions must be in English and Claims must be paid in U.S. dollars.

15. Repatriation: $10,000 or more (coverage to return the student’s remains to his/her native country).

16. Medical Evacuation: $25,000 or more (permits 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).

Acknowledgment: Policy # __________ issued by (company name) ___________________________ to (student’s name) ___________________________ for the period from __________ to __________.

I certify that the information above is true and accurate and I have verified the information pertaining to each of the requirements noted above. I understand that Hillsborough Community College is relying on these representations in permitting this student to register or continue enrollment. If the above policy is terminated for any reason, I will notify Insurance For Students, Inc. immediately at the contact information above.

Company Representative: ____________________________________________

Name ___________________________ Position ___________________________

Contact Information: ___________________________ Telephone __________ Fax __________ Email ___________________________

Signature: ___________________________ Date: ___________________________