

HILLSBOROUGH COMMUNITY COLLEGE

ALTERNATE INSURANCE COMPLIANCE FORM FOR INTERNATIONAL STUDENTS

2018-2019 Academic Year

Insurance Requirement for International Students

Medical care in the United States is extremely expensive and many hospitals & doctors will not see you without providing proof of proper health insurance coverage first. All international students are permitted to enroll in classes 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 Hillsborough Community College International Student Health Plan through the United Healthcare Group or provide proof of an acceptable alternate medical insurance plan. **The following types of plans are NOT accepted:**

- Travel Insurance
- Short-term in-bound insurance policies
- Reimbursement Plans
- Any plan that does not **FULLY** meet each of the 15 benefit requirements on this compliance form

Students must complete Section I below with their information and have their insurance carrier complete Section II. Completed forms must be submitted to Insurance for Students, Inc. along with the policy Schedule of Benefits by the I-20 program start date. **NO EXCEPTIONS. Compliance forms missing any of the above will be immediately rejected.**

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 ___ 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

SECTION II: TO BE COMPLETED BY THE INSURANCE COMPANY

Return completed form and a copy of the policy Schedule of Benefits to:

Insurance For Students, Inc. 1690 S. Congress Ave., Suite 101 Delray Beach, FL 33445 USA
Phone: 800-356-1235, Fax 954-772-0872, Email: hcc@insuranceforstudents.com

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
- | | |
|----------------------------|-------------------------|
| ___ Annual: (new students) | 7/31/2018 to 8/13/2019 |
| ___ Fall: (new students) | 7/31/2018 to 12/31/2018 |
| ___ Annual: | 8/14/2018 to 8/13/2019 |
| ___ Fall: | 8/14/2018 to 12/31/2018 |
| ___ Spring/Summer: | 1/1/2019 to 8/13/2019 |
| ___ Summer: | 5/1/2019 to 8/13/2019 |
- _____ 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 and 60% 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.
- _____ 6. Maternity Benefits: Paid as any other sickness.
- _____ 7. Prescription Medication: Must provide coverage for inpatient and outpatient prescriptions up to policy maximum benefit.
- _____ 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: \$100 per policy year maximum.
- _____ 10. Minimum coverage: \$500,000 benefit for each Injury or Sickness for covered medical expenses.
- _____ 11. Insurance Carrier must have a rating of "A" or above by A.M. Best or "A -" or above by Standard & Poor
- _____ 12. Policy provides coverage for routine preventative services.
- _____ 13. Policy provisions must be in English and Claims must be paid in U.S. dollars.
- _____ 14. Repatriation: \$25,000 or more (coverage to return the student's remains to his/her native country).
- _____ 15. Medical Evacuation: \$50,000 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 _____.

Month/Day/Year

Month/Day/Year

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

Insurance Agency: _____

U.S. Claims Agent Address: _____

U.S. Claims Agent Contact: _____
Telephone Fax Email

Insurance Agent Signature: _____ Date: _____