

FIU Health Compliance INTERNATIONAL STUDENT HEALTH INSURANCE COMPLIANCE FORM

https://go.fiu.edu/insurance

Phone: (305) 348-2688

THIS SECTION IS TO BE COMPLETED BY THE STUDENT

THIS SECTION IS I	O DE COIVII EE	TED DI THE STO	DEIVI
FIU PANTHER ID (PID)			
Last/Family Name	First Name	First Name	
	Street A	ddress	
City		State	Zip Code
hone Number Date of Birth (M/D/YR)		a (M/D/YR)	
Embassy ID #:			
(Required - ONLY For students v	with coverage th	nrough their gove	ernment's embassy)
Board of Governors Regulation		n of Internationa	l Students to State
University System Institutions, No international student in F or		nt status shall he	nermitted to register or
to continue enrollment, at a un	_		•
the case of J visa holders, that t			
adequate medical insurance confollowing minimum requirement	-		jury which includes the
This form has been designed to			omplying with the FIU rule
requiring all international stude			-
offers a policy that meets the m of Governors Rule 7(d) 6.009, F.			
provide proof that your propose	•		
FIU.			
INSTRUCTIONS TO STUDENT: As			
or fax it directly to: FIU Health (Mail: Modesto A. Maidique Car	•		
If your policy does not meet the			
FIU Student Sponsor Health Insu	ırance.		
Student's Signature			Data
Student's Signature			Date

FIU Health Compliance

Insure@fiu.edu

THIS SECTION IS TO BE COMPLETED BY THE INSURANCE COMPANY

Insurance Company Name Coverage Dates (Start /End)		U.S. Claims Agent Address				
		Policy Number	Phone			
Sta	te of Florida Requirements:					
l.	= -		s coverage for the entire period the insured that period. Payment of benefits must be			
2.	and outpatient customary fees n	nust be paid at 80% or more of us ble is met, for in-network, and 60	geon fees, ambulance, outpatient services, sual, customary, reasonable charge per % or more of usual, customary, and lness.			
3.	Inpatient Mental Health Care: customary fees with a minimum	•	rk or 60% out-of-network of the usual and			
1.	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.					
õ.	Repatriation: \$25,000 (coverage	verage to return the student's remains to his/her native country).				
7.	-	o permit the patient to be transported to his/her home country and to be escort, if directed by the physician in charge).				
3.	· · · · · · · · · · · · · · · · · · ·	ccurrence if treatment or services	ices are rendered at the Student Health s are rendered at an off-campus ambulatory			
Э.	Minimum coverage: \$100,000 fo	r covered injuries/illnesses per p	olicy year.			
LO.	Insurance Carrier must be, at a minimum, to meet the rating requirements specified in Part 62.14(d) of Title 22 of the Code of Federal Regulations.					
l1. l2. l3.	Policy must not unreasonably exclude coverage for perils inherent to the student's program of study. Claims must be paid in U.S. dollars payable on a U.S. financial institution. Policy provisions must be available from the insurer in English.					
6.09	9, Amended 12-9-91, 9-27-07, Amended	d and Renumbered 1-29-09, Amended				
insu the	the Insurance Company Repre urance policy covers the above basic policy does not meet requirements, Health Compliance Office for clarific	benefits. I have completed and veri please do not sign the form. If there	fied the information on this form. If			
Ins	urance Representative Name	& Position (Print)	Insurance Stamp			

Date

Insurance Representative Signature