FLORIDA INTERNATIONAL UNIVERSITY

INTERNATIONAL STUDENT HEALTH INSURANCE COMPLIANCE FORM ACADEMIC YEAR 2022-2023 https://go.fiu.edu/insurance

THIS SECTION MUST BE COMPLETED BY THE STUDENT

FIU PANTHER ID (PID) | | | | | | | |

Last/Family Name ____________ First Name ____________

Street Address ____________

City ____________ State ____________ Zip Code ____________

Phone Number ____________ Date of Birth (M/D/YR) ____________

Board of Governors Regulation 6.009 Admission of International Students to State University System Institutions, Section 2.

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, and in the case of J visa holders, that their accompanying spouse and dependents have adequate medical insurance coverage for illness or accidental injury which includes the following minimum requirements. (Items 1- 13)

This form has been designed to assist international students in complying with the FIU rule requiring all international students to have insurance in order to register for classes. FIU offers a policy that meets the minimum standards of required coverage as per Florida Board of Governors Rule 7(d) 6.009, F.A.C. If you wish to purchase an alternative policy, you must provide proof that your proposed policy provides benefits at least equal those required by FIU.

INSTRUCTIONS TO STUDENT: Ask your insurance company to complete this form and email or fax it directly to:

FIU Health Compliance Email: insure@fiu.edu

Mail: Modesto A. Maidique Campus, Miami, FL 33199, FAX: (305) 348-3336

Coverage Period Required:

Annual Fall 2022-Summer 2023: 8/17/22-8/16/2023

Fall 2022: 8/17/2022-12/31/2022

Spring/Summer 2023: 01/01/2023- 08/16/2023

FIU Health Compliance

Phone: (305) 348-2688

THIS SECTION IS TO BE COMPLETED BY THE INSURANCE COMPANY

Insurance Company Name ____________ U.S. Claims Agent Address ____________

Coverage Dates ____________ Policy Number ____________ Phone ____________

State of Florida Requirements:

1. Coverage Period: Policies must provide, at a minimum, continuous coverage for the entire period the insured is enrolled as an eligible student, including annual breaks during that period. Payment of benefits must be renewable.
2. Basic Benefits: Room, board, hospital services, physician fees, surgeon fees, ambulance, outpatient services, and outpatient customary fees must be paid at 80% or more of usual,
3. customary, reasonable charge per accident or illness, after deductible is met, for in-network, and 60% or more of usual, customary, and reasonable charge for out-of-network providers per accident or illness.
4. Inpatient Mental Health Care: Must be paid at 80% in-network or 60% out of network of the usual and customary fees with a minimum 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% of usual and customary fees in network or 60% out-of-network.
7. Repatriation: $25,000 (coverage to return the student's remains to his/her native country).
8. Medical Evacuation: $50,000 (to permit 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).
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 services are rendered at an off-campus ambulatory care or hospital emergency department facility.
10. Minimum coverage: $100,000 for covered injuries/illnesses per policy year.
11. 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.
12. Policy must not unreasonably exclude coverage for perils inherent to the student's program of study.
13. Claims must be paid in U.S. dollars payable on a U.S. financial institution.
14. Policy provisions must be available from the insurer in English.

Authority: Section 7(d), Art. IX, Fla. Const., History--Adopted 7-6-72, 12-17-74, Amended 6-21-83, 8-11-85, Formerly 6C6.09, Amended 12-9-91, 9-27-07, Amended and Renumbered 1-29-09, Amended6-23-16.

To the Insurance Company Representative: Please sign and stamp: *I attest to the fact that this insurance policy covers the above basic benefits. I have completed and verified the information on this form. If policy does not meet requirements, please do not sign the form. If there are questions, please reach out to the Health Compliance Office for clarification.*

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Insurance Representative Name & Position (Print)

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Insurance Representative Signature **Date**