

Health Insurance Requirements International Students

International students must comply with the Florida Board of Governors rule requiring all international students to have medical insurance in order to register or enroll in classes. Rule 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).

Insurance coverage must be effective the first day the semester and continue throughout your enrollment at FGCU, including school breaks and summer terms.

Determine which insurance to use:

- If you purchase one of the plans listed below, click here this link to: [upload your Insurance Confirmation Letter](#) with documentation showing the policy effective date and termination date.

Pre-Approved Insurance Plans

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|---|---|
| Gallagher Student Health & Special Risk Insurance This is the recommended plan for students attending any school in the Florida University System | https://iss.gallagherstudent.com/ |
| (ISP)-International Student Protection Plans showing Florida Trail Blazer Basic or Florida Trail Blazer Elite | www.intlstudentprotection.com |
| (ifs) Insurance for Students | www.insuranceforstudents.com |
| ISO International Student Insurance | https://www.isoa.org/ |

FGCU does not endorse any of the companies listed above. Each student must choose their own insurance; we cannot choose it for you. The companies listed meet the FGCU requirements but are not your only option. Please do NOT send any insurance plans for our office to review.

- **If you do not purchase insurance through one of the pre-approved plans** listed above, you must complete the *International Student Health Insurance Compliance Form on the next two pages*. Complete Part 1, sign and submit both pages of the form to your insurance company. They will determine if the plan meets FGCU/State requirements. Part 2 should be completed by your insurance. The insurance carrier must check and sign Page 2 of the *International Student Health Insurance Compliance Form* and return both pages to our office via Fax (Fax: 239-590-7977) or email (jleyden@fgcu.edu)
- Although you may have some type of medical insurance, the University can only accept your insurance if it meets all of the listed requirements. (Please read the instructions on the FGCU *International Student Health Insurance Compliance Form* which also outlines the minimum requirements established by the State of Florida.)
- If your insurance company does not meet all of the requirements listed on page 2 of the *International Student Health Insurance Compliance Form*, you may need to purchase a supplemental policy.

Failure to comply with these requirements may force Florida Gulf Coast University to terminate your immigration status.



International Student Health Insurance Compliance Form (Page 1 of 2)

To comply with Florida State Board of Governors Regulation BOG 6.09, International Students must have health insurance. Students in F and J status must maintain health insurance coverage from the first day of class until the last day before the next semester, thus insuring that there is no lapse in coverage.

PART 1: TO BE COMPLETED BY STUDENT

I authorize my insurance company to release the information on this form to Florida Gulf Coast University. By signing below, I agree to the following requirements established by FGCU and I agree to abide by them.

1. Alternate insurance policies are approved for limited periods not exceeding one academic year and the requirements for alternate policy coverage are subject to change.
2. I must have my policy information re-certified EACH semester.
3. Failure to have continuous coverage which meets the minimum requirements outlined on the attached checklist will result in a hold being placed on my student Gulfline account.
4. If the alternate insurance coverage is not approved, this does not mean FGCU or any of its employees recommend that I cancel any existing, pending, or proposed insurance coverage.
5. The policy presented must meet the minimum requirements established by FGCU and the State of Florida with respect to specific medical insurance coverage criteria
6. I understand that the insurance I have chosen may not be comparable to the recommended plan provided through [Gallagher Student Health & Special Risk Insurance](#). I also understand that by using an alternate plan, there is a potential for higher deductibles, co-pays and out of pocket expenses.

Student Name (Please Print): _____

Student FGCU ID# (UIN) _____

Signature of Student: _____ Date: _____

***** STOP! Below this line to be completed by insurance provider only! *****

PART 2: TO BE COMPLETED BY INSURANCE COMPANY REPRESENTATIVE

Insured's Name _____

Coverage Start Date _____
(mm/dd/yyyy)

Coverage End Date _____
(mm/dd/yyyy)

Insurance Company _____ Policy # _____

Agent name: _____

Agent email Address _____ Agent Phone Number _____

U.S Claims Company Address: (If Available) _____

U.S Claims Company Phone: (If Available) _____

Return both pages of this form to FGCU via fax (Fax: 239-590-7977) or email to: jleyden@fgcu.edu



The Insurance Policy must include the following mandated benefits:

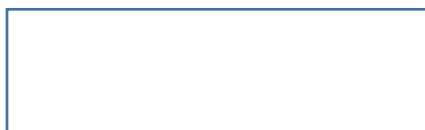
- Coverage Period: Policies must provide continuous coverage for the entire period the insured is enrolled as an eligible student, including annual breaks during that period. Payment of benefits must be renewable.
** **COVERAGE PERIODS/DATES DIFFER FROM THE ACADEMIC CALENDAR DATES. This ensures that there is no lapse in coverage***
- 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, 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.
- Minimum coverage: \$200,000 for covered injuries/illnesses per policy year.
- 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.
- 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.
- 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.
- Inpatient/Outpatient prescription medication offers coverage of \$1,000 or more per policy year.
- Exclusion of pre-existing conditions: First six months of policy period, at most.
- 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 department facility. Policy must not unreasonably exclude coverage for perils inherent to the student's program of study.
- Repatriation: \$25,000 (coverage to return the student's remains to his/her native country)
- 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).
- Policy provisions must be available from the insurer in English.
- Claims must be paid in U.S. dollars payable on a U.S. financial institution.
- Insurance Carrier must, at a minimum, meet the rating requirements specified in Part 62.14(c)(1) of the Title 22 of the Code of Federal Regulations, regulating U.S. Department of State Exchange Visitor Program (EVP).

INSURANCE COMPANY REPRESENTATIVE: By signature, 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.

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

STAMP (Required)



Return both pages to:
Julie Leyden at jleyden@fgcu.edu
Phone: (239) 590-7925
Fax: (239) 590-7977