SANTA FE COLLEGE

ALTERNATE INSURANCE COMPLIANCE FORM FOR INTERNATIONAL STUDENTS

2014-2015 Academic Year

Insurance Requirement for International Students

All international students are permitted to enroll at Santa Fe College only after demonstrating that they hold medical insurance coverage which meets the schools requirements. International students may either purchase the Santa Fe College International Student Health 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 Santa Fe College International Student Health Program. This form must be completed each academic year. Students must complete Section I and the insurance company must complete Section II. Alternate Insurance Compliance Forms must be received no later than August 30th, *2014* for consideration.

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 Santa Fe 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 Santa Fe 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 this form to*:*
Insurance For Students, Inc. 5295 Town Center Rd, Suite 101 Boca Raton FL 33486 USA
Phone:800-356-1235, Fax 954-772-0872, Email: santafe@insuranceforstudents.com

Student Name:_____ ID#_____ Date of Birth _____

Insurance Agency & Agent Name: _____

U.S. Claims Agent Address:_____

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

Policy Number: _____ Coverage begins on _____ and ends on _____

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 from August 21, 2014 to August 20, 2015.
NOTE: For students beginning enrollment at Santa Fe College in the Spring or Summer terms, coverage must extend from at least the beginning of the term started to August 20, 2015.

_____ 3. Basic Benefits: Room & board, hospital services, physician & surgeon fees and outpatient services paid at 90% or more of PPO Allowance per accident or illness with no internal limits for in-network (with no more than a $1,000 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 at 90% PPO Allowance in-network or 70% out-of-network of Usual and Customary fees with a minimum cap of $10,000 per policy period or more.

_____ 5. Outpatient Mental Health Care: Paid at 90%% PPO Allowance in-network or 70% out-of-network of Usual and Customary fees with a minimum cap of $5,000 per policy period or more.

_____ 6. Maternity Benefits: Treated as any other temporary medical condition and paid at no less than 90% PPO Allowance in network or 70% out-of-network of Usual and Customary fees.

_____ 7. Prescription Medication: Coverage must provide copayments for prescriptions up to policy maximum.

_____ 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 sickness or injury maximum.

_____10. Minimum coverage: $250,000 for covered injuries/illnesses per accident or illness, per policy year.

_____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. Policy premiums shall be refundable if student is no longer eligible for policy (in no other instances shall the policy be refundable).

_____16. Repatriation: $20,000 or more (coverage to return the student’s remains to his/her native country).

_____17. Medical Evacuation: $100,000 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 Santa Fe 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:_____