

Insurance Verification Form

To be completed by an insurance representative

Re: _____
Student Name
Policy Number

Dear Insurance Representative:

The above named person has informed us that he/she has an insurance policy with your company. Please confirm whether or not the policy which he/she has with your company meets the following requirements by checking the appropriate “yes” or “no” box next to each statement, and completing the remaining information below.

1. Is the aggregate cap equal to or greater then \$200,000? This means, is each illness or accident covered up to \$200,000? Yes -or- No
2. Is repatriation (the transport of one’s mortal remains to his/her home country) equal or greater than \$7,500? Yes -or- No
3. Is medical evacuation (transport of a member to the nearest hospital for appropriate medical care) equal or greater than \$10,000? Yes -or- No
4. Is the insurance acceptable in all medical facilities? Yes -or- No
5. Are pre-existing conditions covered after six months of enrollment? Yes -or- No
6. Is the deductible less than or equal to \$100 per occurrence if treatment is not administered at the University of Florida Student Health Care Center? Yes -or- No

I hereby confirm that _____ **does / does not** meet all of the
(Name of Company)
(circle one)
 above requirements for the coverage period of _____ to _____.

Name of Representative: _____

Signature: _____ Date: _____

Company: _____ Phone #: _____

Address: _____ Fax #: _____

Health Insurance Requirements

Health insurance is mandatory for all students who have F-1, J-1, or J-2 visas.

To attend classes at the English Language Institute, your health insurance must comply with the requirements mandated by the University of Florida.

Please complete the following form and return it to the E.L.I before classes begin.

In order to attend classes at the English Language Institute at the University of Florida I must select one:

OPTION A

I am submitting a completed Insurance Verification Form (on the reverse side), which:

- has been filled out by my health insurance representative.
- has responses to all six (6) questions as “Yes,” thus showing that my insurance policy meets the requirements mandated by the University of Florida.

OPTION B

I choose to enroll in the “International Student & Scholar Injury and Sickness Insurance Plan,” which meets the requirements mandated by the University of Florida for student health insurance. I will purchase this policy during the health insurance workshop presented during the first week of check-in and registration.

Please send this completed form with your application documents, or bring it with you when you arrive at the English Language Institute.

“I understand that I cannot attend class unless my health insurance is in compliance with the University of Florida’s requirements. I have read the above and agree that if OPTION A is not completed fully and correctly, I accept OPTION B by default, and I will purchase UF/ELI recommended health insurance.

Name (please print)

Signature

Date