

Broward College

International Student Health Insurance Coverage

This form has been designed to assist international students in complying with Broward College (BC) rules requiring all international students to have health insurance in order to register or enroll at BC.

Instructions to students: Ask your insurance company to complete this form and mail/fax to the following address.

Broward College / International Student Admission Office

225 E Las Olas Blvd., Ft. Lauderdale, FL 33301, USA Fax (954) 201-7086/Phone: (954) 201-7468

The insurance company must verify that the basic benefits listed below are covered. If not, we cannot clear you to register for classes or continue enrollment at BC.

RELEASE OF INFORMATION: I hereby authorize my insurance company to release the following information to Broward College staff as necessary. I further understand that I must have my policy reviewed/renewed at the end of the approval period indicated below.

Print Name _____ Signature _____ Date _____

Instructions To Insurance Company: Please complete information below. Indicate the insured's name and student number, the insurance company name, policy number, and dates of coverage. For items 1- 3 please enter "YES" (for every benefit covered or exceeded in the insured's policy) and "NO" for benefits not covered. Please print your name and title, and then sign and date the form below.

Student Name (last/family) _____ (first/given) _____

Student Number _____

Insurance Company Name _____

Policy Number _____

Dates of Coverage (beginning) _____ (ending) _____

International students will not be permitted to register or to continue enrollment at BC without demonstrating that he or she has adequate medical insurance coverage including, but not limited to, illness, accidental injury, medical evacuation and repatriation.

Please enter "YES" (meets or exceeds minimum requirements) or "NO" for each item listed.

____ 1. Coverage period (please select applicable period below)

- Fall Semester 08/24/2009 to 01/06/2010
- Spring/Summer 01/06/2010 to 08/23/2010
- Summer 05/10/2010 to 08/23/2010
- Annual 08/24/09 to 08/23/2010

____ 2. The policy provides coverage of major medical expenses including but not limited to hospital room and board, hospital miscellaneous, physician visits, surgery, anesthesia, etc.

____ 3. Medical Evacuation & Medical Repatriation Coverage.

TO THE INSURANCE COMPANY REPRESENTATIVE: Please read and sign the following: *I have verified the information on this form and completed each item above. If the above noted policy is terminated, I will notify Broward College, International Admission Office, immediately.*

Name _____ Title _____

Signature _____ Date _____

Telephone _____ FAX _____

For BC Office Use:

Approval Signature _____

Revised 04/03/09

Date of Approval _____ Date of Expiration _____