

# Broward College

## International Student Health Insurance Coverage

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

**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 the college.

*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 Broward College 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 08/18/2011 to 01/04/2012
- Spring/Summer 01/05/2012 to 08/20/2012
- Summer 05/07/2012 to 08/20/2012
- Annual 08/18/2011 to 08/20/2012

\_\_\_\_\_ 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 05/09/11

Date of Approval \_\_\_\_\_ Date of Expiration \_\_\_\_\_