

Broward College

International Student - Health Insurance Coverage Form

Instructions to students: Ask your insurance company to complete this form and email it to intadmfax@broward.edu or fax it to (954) 201-7086. For questions, please contact:

Broward College / Office of International Admissions

Email: int-admissions@broward.edu

Phone: (954) 201-7228

The insurance company must verify that the basic benefits listed below are covered.

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 Full Name _____ Signature _____

Broward College Student ID Number _____

Instructions To Insurance Company: Please complete information below. Indicate the insured's name, 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 Last Name _____ (first/given) _____

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. It is recommended that students purchase insurance with no gap in coverage between terms.

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

YES NO 1. Coverage period (please select applicable period below)

- Fall 08/22/2016 to 01/09/2017
- Spring 01/09/2017 to 05/15/2017
- Summer 05/15/2017 to 08/21/2017
- Annual 08/22/2016 to 08/21/2017
- Other (see dates of coverage period stated above)

YES NO 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.

YES NO 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 _____

Email _____ Telephone _____

For BC Office Use:

Approval/Denial Signature _____

Revised 04/29/16

Date _____