

2007-2008 INSURANCE AGREEMENT

This form is designed to assist international students in complying with **Florida Administrative Code Rule 6C-6.009(6)** and **USF Rule 6C4-6.0162**. All non-United States Citizens or non-United States Permanent Residents shall only be permitted to register or continue enrollment at USF by demonstrating that he or she has medical coverage for illness or accidental injury.

FOR OFFICE USE ONLY:	
SI Hold Override:	_____
Amount Charged:	_____
Paid: YES NO Date:	_____
Entered in Database: YES NO	_____
Comments:	_____

Instructions: Please print clearly and use only blue or black ink.

Student ID Number: U -

Last /Family Name		First/Given Name	
Undergraduate	Graduate	Male	Female
Street Address			
City		State	Zip Code
Email Address		Phone Number	Date of Birth

To facilitate the adherence to the mandate, upon completion of this form the SI hold will be removed and you will automatically be charged the premium for the USF Health Insurance Policy. You will be responsible for paying the insurance premium charge unless you submit proof (by the 5th day of the term) of coverage under an alternate health insurance policy. International students in F-1, F-2, J-1 or J-2 visa classes, including special non-degree seeking students, must demonstrate that they have adequate insurance coverage with benefits at least equal to those required by **USF Rule 6C4-6.0162**. **Only an alternate policy with an effective date of the 1st day of the term or prior will be considered. No exceptions will be granted.**

To release SI hold check applicable options:

Option A
 I agree to pay the premium for the USF Student Health Insurance policy underwritten by American Fidelity Assurance Company by the 5th day of the term to USF. I understand that failure to do so will result in the cancellation of my registration.

I am a NEW Fall '07 or Continuing USF student and I elect the following premium payment option for my annual coverage.

- Annual Option: I must pay \$1,253.00 (Effective 8/19/07 to 8/18/08).
- Installment Option: \$495.00 for Fall (Effective 8/19/07 to 1/6/08). I understand that by selecting this option, I will have a SI hold on my Spring registration. The Spring & Summer premium is one combined rate.

I am a NEW Spring '08 student or a Continuing student who selected the installment payment option. I understand that I must pay \$778.00 (Spring/Summer-Effective 1/7/08 to 8/18/08).

I am a NEW Summer '08 student. I understand that I must pay \$374.00 (Effective 5/12/08 to 8/18/08).

OR

Option B

I am enrolled in an alternate policy and understand that I must supply a completed USF Compliance Form to the USF Student Insurance Office by the 5th day of the term.

1. If the policy I present is **adequate**, the premium charge on my account will be reversed and I will not be enrolled under the USF Student Health Insurance policy.
2. If the policy I present is **inadequate**, I will be enrolled under the USF Student Health Insurance policy and I must pay the premium by the 5th day of the term to USF. I understand that failure to do so will result in the cancellation of my registration.

 Student's Signature

 Date

SHS-Insur "Insur.Agree." 05/03/07