

St. Petersburg College

International Student Health Insurance Coverage

This form has been designed to assist international students in complying with St. Petersburg 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 fax or email to the following:

St. Petersburg College / Center for International Programs

Fax (727) 341-4623 or email to: internationalstudentservices@spcollege.edu

Phone: (727) 341-4370

RELEASE OF INFORMATION AND AGREEMENT: I hereby authorize my insurance company to release the following information to St. Petersburg College staff as necessary. I further understand that it is my responsibility to renew or extend the policy below and that I must continue to have adequate health insurance coverage during the time I am enrolled as a student.

Print Name _____ Student Number _____

Student 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.

Student Name (last/family) _____ (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 St. Petersburg College without demonstrating that they have 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 enter "YES" (meets or exceeds minimum requirements) or "NO" for each item listed.

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

Summer Late Start 06/22/2020 to 08/06/2020

Fall Term 08/24/2020 to 12/03/2020

Fall Late Start 10/12/2020 to 12/03/2020

Spring Term 01/11/2021 to 04/22/2021

Spring Late Start 03/01/2021 to 04/22/2021

Summer Term 05/03/2020 to 08/05/2021

Summer Late Start 06/21/2021 to 08/05/2021

Annual 08/24/2020 to 08/05/2021

____ 2. Medical Evacuation & Medical Repatriation Coverage.

To The Insurance Company Agent: 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 St. Petersburg College, Center for International Programs immediately.***

Agent Name _____ Title _____

Signature _____ Date _____

Email _____ Telephone _____ Fax _____

For SPC Office Use:

Approval Signature: _____

Date of Approval: _____

Date of Expiration: _____