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)

☐ Fall Semester   08/17/2020 to 12/11/2020
☐ Spring   01/11/2021 to 05/07/2021
☐ Summer   05/17/2021 to 07/23/2021
☐ Annual   08/17/2020 to 07/23/2021

_____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: _____

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