

ATTENTION! IF YOU ARE INSURED UNDER THE BARRY STUDENT INSURANCE PLAN OR INTEND TO BE INSURED UNDER THE BARRY STUDENT INSURANCE PLAN-YOU DO NOT NEED TO COMPLETE THIS WAIVER!

BARRY UNIVERSITY INSURANCE WAIVER FOR INTERNATIONAL STUDENTS

International Student Health Insurance Compliance Form

All students residing in campus housing and all international students attending Barry University on an F-1 or J-1 visa are required to provide proof of adequate health. Proof of insurance and a completed insurance waiver must be received in Student Health Center (SHC) upon entering the University and, on an annual basis thereafter prior to the first day of fall classes or, the fee for the Barry sponsored student insurance plan may be assessed to the student's account.

This form has been designed to assist international students in complying with the insurance regulations at Barry University which requires all international students to have adequate health insurance when attending the university. If you have already purchased an insurance policy, you must provide proof that your policy includes benefits at least equal to those required by Barry University.

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INSTRUCTIONS TO STUDENT:

Ask your insurance company to complete this form and return it to:

Barry University
Student Health Center, Landon 104
11300 NE 2nd Avenue
Miami Shores, Fl. 33181

OR

Fax completed form to:
(305) 899-3751

When completing this form, the insurance company must verify that the basic benefits listed below are included in your health insurance policy. If any of these benefits are not covered, we cannot waive the international health insurance charge.

The deadline for the waiver request for the Fall term is: August 28, 2009

Waivers will only be granted if you meet the following criteria:

- If you are covered by an approved sponsorship agency/embassy.
- If your Spouse's Employer's medical insurance includes the basic benefits (see attached International Students Basic Benefits Form).

- ___ 7. Maternity benefits; treated as any other basic benefits.
- ___ 8. Prescription medications coverage at least \$1200 per policy year
- ___ 9. Must cover treatment for HIV/AIDS and sexually transmitted diseases
- ___ 10. Must include coverage for needle sticks and face splash for Health Major Students.
- ___ 11. Repatriation: \$10,000 (coverage to return remains to home country)
- ___ 12. Medical Evacuation; \$25,000 (if directed by the physician in charge to be medically necessary, the expenses of the patient to be transported back to his home country by and accompanied by an escort)
- ___ 13. Exclusion for pre-existing conditions: should not exceed 6 consecutive months
- ___ 14. Claims agent in the United States
- ___ 15. Claims payable in United States dollars
- ___ 16. This insurance company is licensed to do business in the State of Florida

The insurance policy shall not exclude any activities inherent to the student’s academic career.

TO THE INSURANCE COMPANY REPRESENTATIVE: Please read and sign the following:
(If your plan is sponsored by your or your spouse’s employer, the employer insurance representative may complete this form.)

I have verified the information on this form and completed each item above. I am asserting that this company will pay their claims in U.S. funds. If the above noted policy is terminated, I will notify Barry University immediately. I certify that the coverage indicated is now in force.

Name (Print) _____ Title/Position _____

Signature _____ Date _____

Telephone # _____ /Ext: _____

FOR BARRY UNIVERSITY OFFICE USE ONLY:

___ Approved ___ Denied because: ___ #'s _____

___ Subject to: Reason: _____

___ Medical evacuation/repatriation: _____

___ Prepay of premium for ___ month(s) _____

Authorized Signature _____ Date _____