

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_



**Barry University  
College of Health Sciences  
Insurance Affidavit**

All students are **required** to provide proof of adequate health insurance upon entering the University and each subsequent fall semester (spring for Accelerated Option Track – nursing students only). Proof of insurance and a completed insurance waiver must be received by the College of Health Sciences prior to the first 14 days of the semester or the fee for the Barry sponsored student insurance plan will be assessed to the student’s account. **If a student insurance fee has been assessed to a student’s account due to lack of compliance with the university policy, such fees are irrevocable and will not be credited under any circumstance.** Failure to comply with the University policy will result in immediate withdrawal from the program until sufficient proof of insurance is provided and the courses are being offered with their program of study.

**Adequate coverage is defined as insurance benefits comparable to the Barry University sponsored plan:**

- Access to primary care (emergency only care is not comparable coverage)
- Inpatient coverage of 80% of usual and customary reimbursement
- Prescriptive medications
- Inpatient and outpatient mental health benefits (including alcohol and substance abuse treatment)
- An individual deductible not to exceed \$1500 per policy year
- Maternity benefits
- The insurance company must be licensed to do business in the State of Florida

**International Insurance must include all of the above plus:**

- Repatriation of \$10,000
- Medical Evacuation of \$25,000
- Claims Agent in the United States
- Claims payable in United States dollars

---

**By signing this form I am affirming that my insurance policy will provide the coverage as outlined above for the current academic year. I hereby release Barry University, Inc. of any responsibility for my health care and I will assume all financial responsibility for any medical expenses that I incur while attending Barry University.**

- 1. Attach a copy of the front and back of your insurance card.**
- 2. If the student is not the primary policy holder, the signature of the student AND the primary policy holder are required.**

**Signature of Student:** \_\_\_\_\_ **Barry ID#:** \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Primary Policy Holder:** \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Relationship of primary policy holder to student \_\_\_\_\_

**Please submit this form to:**  
Lisa Diaz, Compliance Officer  
Barry University  
College of Health Sciences (Wiegand 133)  
11300 NE Second Avenue  
Miami Shores, FL 33161  
Email: [imdiaz@mail.barry.edu](mailto:imdiaz@mail.barry.edu)  
Fax: 305-899-3831