EXCHANGE STUDENT INSURANCE VERIFICATION

<table>
<thead>
<tr>
<th>Name</th>
<th>UFID</th>
<th>Date of Birth</th>
<th>Visa Type</th>
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The above named person has advised us that he/she has an insurance policy with your company. Please confirm that the policy covers all of the Florida State University Board of Governor’s requirements for international students.

No international student in J non-immigrant status shall be permitted to register, or to continue enrollment, at the University of Florida without demonstrating that the student has adequate medical insurance coverage for illness or accidental injury and which includes the following minimum requirements:

- **Coverage Period:** Coverage must include the dates of enrollment as specified below, including annual breaks. The policy must provide continuous coverage for the entire period the insured is enrolled as an eligible student. Payment of benefits must be renewable.

- **Basic Benefits:** Room, board, hospital services, physician fees, surgeon fees, ambulance, outpatient services, and outpatient customary fees must be paid at 80% or more of usual, customary, reasonable charge per accident or illness, after deductible is met, for in-network, and 70% or more of usual, customary, and reasonable charge for out-of-network providers per accident or illness.

- **Inpatient Mental Health Care:** Must be paid at 80% in-network or 60% out-of-network of the usual and customary fees with a minimum 30-day cap per benefit period.

- **Outpatient Mental Health Care:** Must be paid at 80% in-network or 60% out-of-network of the usual and customary fees for a minimum of 30 (preferably 40) sessions per year.

- **Maternity Benefits:** Must be treated as any other temporary medical condition and paid at no less than 80% of usual and customary fees in-network or 60% out-of-network.

- **Prescription Medication:** Up to plan maximum. Must include coverage for birth control. No Reimbursement Plan.

- **Repatriation:** $25,000 (coverage to return the student’s remains to his/her native country).

- **Medical Evacuation:** $50,000 (to permit the patient to be transported to his/her home country and to be accompanied by a provider or escort, if directed by the physician in charge).

- **Exclusion for Pre-Existing Conditions:** First six months of policy period, at most.

- **Deductible:** Maximum of $50 per occurrence if treatment or services are rendered at the Student Health Center; maximum of $100 per occurrence if treatment or services are rendered at an off-campus ambulatory care or hospital emergency department facility.

- **Minimum coverage:** $250,000 for covered injuries/illnesses per accident or illness, per policy year. (Also including Preventive Care for routine physical and immunization up to a max of $500 per year)

- **Insurance Carrier must have an “A” rating or above per Part 62.14(c)(1) of Section 22 of the Code of Federal Regulations.**

- **Policy must not unreasonably exclude coverage for perils inherent to the student’s program of study.**

- **Claims must be paid in U.S. dollars payable on a U.S. financial institution.**

- **Policy provisions must be available from the insurer in English.**

I hear by confirm that ______________________________________ DOES meet all the above requirements (1-15) for the period from (start date) ________________  to (end date) ________________  mm/dd/yyyy  mm/dd/yyyy

Printed Name of Insurance Representative ______________________________________________

Insurance Representative Signature ___________________________________________________

Date (mm/dd/yyyy) _____________________

Phone Number _____________________ Fax Number _____________________

Insurance Company Name and Policy Number ____________________________________________

Company Address ____________________________________________________________________

The Foundation for The Gator Nation

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