



Miami: International Student Office/PDSO | Email: international-students@albizu.edu | Phone: (+1) 305-593-1223, ext. 3244

International Student Health Insurance Compliance Form

STUDENT INSTRUCTIONS: To ensure that you and any dependents (spouse or unmarried children under 21) accompanying you have sufficient health insurance while you are attending Albizu University, fill out the first part of this form and send the entire document to the insurance company you have selected. Ask a representative of the company to complete the form and return it to Albizu University prior to the registration date for the first semester of your program or program extension.

A. Student Information		
Surname/Family Name(s)		Given/First Name(s)
Albizu University Student ID #	Email Address	Semester Registration Date
Dependent Information (Complete this section for any dependent(s) who will travel with you.)		
Surname/Family Name(s)	Given/First Name(s)	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Surname/Family Name(s)	Given/First Name(s)	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Surname/Family Name(s)	Given/First Name(s)	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child

INSURANCE COMPANY INSTRUCTIONS: To verify that the international student and any accompanying dependents named above have sufficient health insurance coverage while in the United States, complete this form and return it to the International Student Office by the specified semester registration date. Incomplete forms will not be accepted.

B. Policy Information	
Insurance Company	
Dates of Initial Coverage or Extension: through	Policy Number

Insurance Company Representative Contact Information	Name	
	Street Address	
	City	State
	Zip Code	Phone Number
	Email Address	

In order to comply with Albizu University regulations, the policy must contain the following basic benefits. Check the "Covered by Policy" box for all benefits included.

C. Benefit Confirmation	
Covered by Policy	Benefit
	Continuous coverage for 52 weeks or the complete time the insured will be attending Albizu University
	Medical Benefits: \$50,000 per illness or injury
	Deductible: must not exceed \$500 per illness or injury
	Repatriation: \$7,500
	Medical Evacuation: \$10,000

D. Insurance Company Representative Certification		
<p>I have verified the information on this form and checked each item above. I am asserting that this company will pay all claims in U.S. funds. If the above-referenced policy is terminated, I will notify Albizu University immediately. I certify that the coverage indicated is now in force.</p>		
Name (Print)		Title/Position
Signature		Date (mm/dd/yyyy)