

**Insurance Compliance Form**

**This form has been designed to assist international students in complying with Florida Southwestern State 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 (e)mail or send directly to the following address:

**Office of Admissions**

Florida Southwestern State College  
8099 College Parkway  
Fort Myers, FL 33919 USA  
Phone: (239) 489-9054 Email: [internationalstudent@fsw.edu](mailto:internationalstudent@fsw.edu)

The insurance company must verify that the basic benefits listed below are covered. If not, we cannot clear you to register for classes or continue enrollment at the college. You should also submit your insurance card to the Office of Admissions. **Please note that insurance coverage must have no gap between terms.**

**RELEASE OF INFORMATION:**

*I hereby authorize my insurance company to release the following information to Florida SouthWestern State College staff as necessary. I further understand that I must have my policy reviewed/renewed at the end of the approval period indicated below.*

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

For FSW identification purposes, please include your student ID number:

FSW Student ID #: @ \_\_\_\_\_

<u><b>For Office of Admissions Use Only:</b></u>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
DSO Signature _____ Reason _____	
Date of Approval _____ Date of Expiration _____	

This section is for review of your insurance coverage after Admissions receives the form filled out by your insurance agent.

**Instructions To Insurance Company:**

Please complete the information below. Indicate the insured person'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. Please print your name and title, and then sign and date the form below.

International students will not be permitted to register or to continue enrollment at Florida SouthWestern State College without demonstrating that he or she has adequate medical insurance coverage, including but not limited to, illness, accidental injury, medical evacuation, and repatriation. **Students should purchase insurance with no gap in coverage between terms.**

Student Name (last/family) _____ (first/given) _____
Insurance Company Name _____
Policy Number _____
Dates of Coverage (beginning) _____ (ending) _____

*The recommended insurance coverage period per semester is as follows:*

<b>Fall: August 20<sup>th</sup> - December 31</b>	<b>Spring: January 1- April 30</b>	<b>Summer: May 1 - August 19</b>
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*Please enter "YES" (meets or exceeds minimum requirements) or "NO" for each item listed below.*

- \_\_\_ **1. Coverage period:**  
Please provide coverage period below in the following format: Month/ Day/ Year  
\_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
- \_\_\_ **2. The policy provides coverage of major medical expenses including but not limited to hospital room and board, hospital miscellaneous, physician visits, surgery, anesthesia, etc.**
- \_\_\_ **3. Medical Evacuation & Medical Repatriation Coverage.**

**TO THE INSURANCE COMPANY REPRESENTATIVE:** 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 Florida Southwestern State College, International Student Services, immediately.

Name _____ Title _____
Signature _____ Date _____
Telephone _____ F A X _____
<b>Notes:</b> _____