

College of Graduate Studies
Certification of Insurance



Applicants/Students with J or F visas are required to have and maintain adequate medical and hospitalization insurance as a condition of admission and continued enrollment at MTSU (TBR Policy 2:03:00:00, Section: II.A.3.). This requirement is mandated for the applicant and their spouse and/or dependents.

There are two ways to meet the Medical and Hospitalization Insurance policy requirement.

OPTION 1:

A student may authorize MTSU to debit his/her account to purchase the TBR Student/Scholar Health & Accident Insurance Plan. Enrollment shall take place no later than at the time of the initial class registration, and the cost of the coverage shall be added to the student’s registration fees each semester thereafter. Students not enrolling during a summer semester have the option of maintaining coverage by purchasing the Summer Term plan.

Coverage for dependent family is available through Pearce & Pearce, Inc. Visit www.pearceandpearce.com or email mtsu@studentinsurance.com for more information. This coverage is independent of student coverage and is NOT billed through MTSU.

TBR Student/Scholar Health & Accident Insurance Plan Cost of Coverage:

International Plan – Under 40

	Annual	Semi-Annual	Fall	Spring	Spring/Summer	Summer
Student	\$810	\$415	\$320	\$320	\$518	\$203
Spouse	\$1,983	\$1,011	\$772	\$722	\$1,268	\$496
One Child	\$976	\$489	\$382	\$382	\$624	\$246

International Plan – Over 40

	Annual	Semi-Annual	Fall	Spring	Spring/Summer	Summer
Student	\$864	\$444	\$340	\$340	\$552	\$216
Spouse	\$2,083	\$1,062	\$811	\$811	\$1,331	\$521
One Child	\$976	\$498	\$382	\$382	\$624	\$246

***Annual coverage can be purchased only in the beginning of the fall semester**

***Company and premiums are subject to change without notice**

OPTION 2:

A student may acquire and maintain adequate medical and hospitalization coverage through an independent insurance carrier while enrolled at MTSU. Verification must be submitted by the insurance carrier on the attached form and mailed directly to the address listed on the form. Students choosing this option are responsible for making sure they maintain coverage each semester and that coverage is verified each semester by the independent carrier. ONLY the attached form is acceptable as verification. Copies of policies or other reference material will not be accepted. Faxed verification is not acceptable in any circumstances.

OPTION 1: Authorization for Insurance through TBR Carrier

Student Name: _____ MTSU ID # _____

Step One – Choose Plan

Check only one:

_____ Under 40 Plan

_____ Over 40 Plan

Step Two – Coverage Period

Check all that apply:

_____ Annual

_____ Fall Only

_____ Spring Only

_____ Summer Only

_____ Spring/Summer

NOTE: Students may choose to purchase coverage during a summer semester while not being enrolled in classes.

Step Three – Authorization

I authorize Middle Tennessee State University to debit my student account to purchase the TBR Student/Scholar Health & Accident Insurance Plan.

Signature of Student

Date

