

CERTIFICATION OF INSURANCE

F1 and J1 students and their dependents must be covered by required medical insurance each semester they are enrolled for classes at MTSU. This time period must include the entire semester calendar date. Forms by applicant's insurance company, which uses the terms: continuous, current, on going, etc. as an ending date are not accepted. There must be an ending date stated on the form. First time enrollees must present proof of coverage before their files will be reviewed for admission. **Policy requires that for each term after the student's first term, the cost of insurance be added to the student's tuition bill with class registration, if he or she has not shown coverage for that term on a previous form. If the charge is incorrect in any way, please see our office staff immediately.**

There are **TWO** ways to meet the insurance requirement.

(1) A student may authorize MTSU to debit his or her account to purchase the Tennessee Board of Regents recommended policy. You may do this by signing the form below.

COST OF COVERAGE IS AS FOLLOWS:

	International Plan - Under 40		Policy: 812701			
	Annual	Fall	Spring	Spring/ Summer	Summer	Dental
Student	\$708.00	\$276.00	\$276.00	\$453.00	\$177.00	\$159.00
Spouse	\$1,707.00	\$666.00	\$666.00	\$1,093.00	\$427.00	\$159.00
Each Child	\$853.00	\$333.00	\$333.00	\$546.00	\$214.00	\$159.00

	International Plan - 40 Over		Policy: 812701			
	Annual	Fall	Spring	Spring/ Summer	Summer	Dental
Student	\$756.00	\$295.00	\$295.00	\$484.00	\$189.00	\$159.00
Spouse	\$1,822.00	\$711.00	\$711.00	\$1,166.00	\$456.00	\$159.00
Each Child	\$853.00	\$333.00	\$333.00	\$546.00	\$214.00	\$159.00

***DENTAL COVERAGE CAN BE ONLY PURCHASED IN THE BEGINNING OF THE FIRST SEMESTER OF ATTENDANCE.**

COMPANY AND PREMIUMS ARE SUBJECT TO CHANGE WITHOUT NOTICE

I authorize Middle Tennessee State University to debit my student account to purchase the recommended policy.

Student's Signature

MTSU ID NUMBER

Cost of Coverage

PLEASE PRINT NAME

Date

Apply to Semester

OR

(2) You may have your insurance company certify that you have the required coverage by submitting the form on the back of this page. Coverage dates must include beginning and ending dates of semester attending. **SEE BACK PAGE.**

AFTER ENROLLING AT MTSU, YOU ARE RESPONSIBLE FOR MAKING SURE THAT YOU ARE COVERED EACH SEMESTER BEFORE ENROLLING IN CLASSES. YOU MAY OR MAY NOT RECEIVE ADDITIONAL NOTICES. FORMS ARE AVAILABLE IN OUR OFFICE. GIVE YOURSELF ADEQUATE TIME FOR THE FORM TO ARRIVE BEFORE PRINTING OF YOUR STUDENT BILL. IF THE FORM IS NOT SUBMITTED, YOU WILL AUTOMATICALLY BE ENROLLED IN THE TENNESSEE BOARD OF REGENTS SUGGESTED POLICY FOR THE SEMESTER.

FOR STUDENTS NOT ENROLLING FOR THE SUMMER! _____ by placing a check mark “☑” on the line, you may purchase the summer semester insurance even though you are not enrolled for the summer semester.

OPTION (2) - CERTIFICATION OF INSURANCE FROM PRIVATE CARRIER

THIS FORM MUST BE FILLED OUT, SIGNED AND MAILED FROM THE INSURANCE CARRIER. IF MAILED FROM ANY OTHER SOURCE, IT WILL NOT BE ACCEPTED. THIS FORM IS THE ONLY ACCEPTABLE FORM AND CANNOT BE SUBSTITUTED BY A POLICY OR OTHER REFERENCE MATERIAL. (FAX CONFIRMATION IS NOT ACCEPTABLE IN ANY CIRCUMSTANCES)

To the insurance carrier: Students must have at least equal coverage from a private policy. By filling out, signing and mailing this form, you are either confirming or denying that the student has equal coverage. Please read carefully. Minimum coverage includes the following:

MAJOR MEDICAL EXPENSE COVERAGE

REPATRIATION EXPENSE - In the event of the death of an insured person, expenses as may reasonably be incurred will be payable up to \$10,000 for returning the body of the insured person to his or her place of residence in his or her home country.

MEDICAL EVACUATION EXPENSE - If an insured person is unable to continue his or her academic program due to any injury or sickness, expenses as may reasonably be incurred will be payable up to \$10,000 to evacuate the student to another medical facility or home country.

PLEASE PRINT OR TYPE

Student's Name _____ MTSU ID# _____
PLEASE PRINT (OR SOCIAL SECURITY #)

Name of Insurance Carrier: _____

Telephone # for verification: _____ Fax #: _____

Beginning coverage date: _____ Ending coverage date: _____

Forms that indicate: continuous, enrolled, current, etc. **ARE NOT ACCEPTABLE.** Form **must** have a beginning and ending coverage date.

I certify that the above named student DOES NOT HAVE an insurance policy of equal coverage with our company. ____
(Please indicate with a “X” marking.)

I certify that the above named student DOES HAVE an insurance policy of equal coverage with our company. ____
(Please indicate with a “X” marking.)

Signature of Insurance Representative
Print Name: _____

DATE

THIS FORM MUST BE MAILED DIRECTLY TO MTSU, INT'L PROGRAMS & SERVICES OFFICE FROM THE INSURANCE CARRIER.