

LOS RIOS COMMUNITY COLLEGE DISTRICT

INTERNATIONAL STUDENT MEDICAL INSURANCE COVERAGE VERIFICATION

F-1 International students are required to have a U.S. based medical insurance while studying in the United States. Student insurance is available for purchase through JCB (www.jcbins.com). Students must maintain the insurance policy while attending our college and provide proof each semester. **Please fill in this form completely.** Return this form and proof of insurance (copy of insurance card, etc.) to international@arc.losrios.edu.

Student Information:			
Name:		Student ID:	
Address:		Primary E-mail:	
City:	State:	Zip Code:	Phone Number:
Semester Enrolled: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall 20____		<input type="checkbox"/> Current Student at _____ <small>(ARC, CRC, FLC, SCC)</small> <input type="checkbox"/> New Student at _____ <small>(ARC, CRC, FLC, SCC)</small>	

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I have purchased the Los Rios Community College District recommended insurance through JCB.

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I **will not** be purchasing the recommended insurance plan and have purchased my own plan that meets or exceeds the requirements below. This insurance is based in the U.S.

I am currently covered under the following policy:	
Insurance Company Name:	Policy #:
Name on the Policy:	
Policy Effective Date:	Policy End Date:

My plan meets or exceeds the following requirements:	
	Initial
Policy year maximum: Unlimited	
Policy year deductible: Not to exceed \$300 per calendar year	
Out of pocket maximum: \$7,000 per individual	
Pre-existing clause: Waived	
Medical evacuation benefit: Included (at least \$10,000 if a maximum dollar amount stated)	
Repatriation of mortal remains: Included (at least \$7,500 if a maximum dollar amount is stated)	
Insurance coverage dates: Cover the entire academic semester (from the first to the last day of the semester)	

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ATTACH PROOF OF INSURANCE: Coverage should be based in the U.S. with coverage dates during enrollment at a Los Rios District College District campus.

By signing this form, I am certifying my medical insurance policy meets or exceeds the Los Rios Community College District international student medical insurance requirements. I acknowledge that if I do not provide verification of appropriate medical insurance it may result in may result in a hold on my account preventing future enrollment or termination of my status.

Print Name:	
Signature:	Date: