

PROFESSIONAL PRACTICE
HEALTH INSURANCE CERTIFICATION

One of the requirements for participation in Professional Practice (cooperative Education/Internships) is that each student have adequate health/accident insurance coverage in force during the entire period of participation.* Coverage must be either privately procured or obtained through the University's Group Health Insurance plan. Your signature below attests to your acknowledgement and acceptance of the following statements:

I understand that any medical or dental expenses incurred while participating in the Professional Practice program are my sole responsibility not that of Illinois State University, the Board of Trustees or their agents or employees. I understand that it is my responsibility to pay any expenses which may not be covered by insurance payments made on my behalf.

I understand that if I register for nine (9) or more credit hours by the 15th day Fall/Spring I will be automatically assessed for and be included in the student group insurance plan. If I register for six (6) or more hours by the 8th day of summer session, I will automatically be assessed for and be included in the student group insurance plan. If I am registered for fewer hours, I am eligible to purchase student group insurance.

If you will not have ISU's insurance, you should review your other policy's coverage to determine its adequacy. In this case, a copy of an insurance card or other verification of insurance coverage MUST be attached to this form. The department will retain the copy or verification along with this form which must be submitted to the department before _____.

If you are assessed an insurance fee and don't want the ISU Policy, you need to complete a request to cancel and submit evidence of other insurance, in room 230 SSB or phone 438-2515 to accomplish this by mail. Cancellation requests must be approved before the 15th calendar day Fall/Spring; 8th day Summer.

CHECK THE ONE OR ONES THAT APPLY:

___ I will be covered for the entire period of my participation by ISU student insurance because I have (check one):
___ (1) enrolled for sufficient credit hours to be assessed the student health insurance fee, or
___ (2) paid the fee (or will pay the fee) by applying through my i-Campus portal by the 15th calendar day of the start of Fall/Spring (8th day Summer).

___ I am not covered by ISU student insurance and have attached verification of my privately secured policy applicable to my entire period of participation in clinical practice.

___ I have both ISU's student group plan and another policy for maximum protection.

Signature: _____ Date: _____ Print Name: _____

FAILURE TO COMPLETE AND RETURN THIS FORM
WILL PRECLUDE PARTICIPATION IN THE PROFESSIONAL PRACTICE PROGRAM

*Example:	<u>Term</u>	<u>Coverage Begins</u>	<u>Coverage Ends</u>	<u>Cost</u>
	Spring 07	1-11-07	5-20-07	\$158
	Summer 07	5-21-07	8-19-07	\$114
	Fall 07	8-13-07	1-13-08	\$161
	Spring 08	1-10-08	5-17-08	\$161

If your Practice begins before (or lasts beyond) these dates you need coverage for the previous (or following) term.

Note: This signed certification should be retained by the Professional Practice Coordinator for 1 year.

Doc: professional practice Nov 06