

**PROFESSIONAL PRACTICE**  
**HEALTH INSURANCE CERTIFICATION**

One of the requirements as an ISU Student and for participation in Professional Practice (cooperative Education/Internships) is that each student has 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 Student Insurance plan.

Medical or dental expenses incurred while participating in the Professional Practice program are not the responsibility of Illinois State University, the Board of Trustees, or their agents or employees.

Student Insurance is automatically assessed with registration of 9 or more credit hours by the 15<sup>th</sup> calendar day fall/spring (6 or more credit hours by the 8<sup>th</sup> calendar day summer).

If you are registered for fewer hours, or not registered for sufficient hours by the deadline, you can apply to purchase Student Insurance through your MY ISU account by the 15<sup>th</sup> calendar day fall/spring (8<sup>th</sup> day summer). Students are eligible to purchase insurance on an optional basis no more than 4 terms.

*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 with the Student Insurance Office. Please call 438-2515 or visit our website at: [IllinoisState.edu/Insurance](http://IllinoisState.edu/Insurance). Cancellation requests must be approved before the 15<sup>th</sup> calendar day fall/spring; 8<sup>th</sup> day summer.*

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 demonstrating your coverage throughout the term of your professional practice.

**Please select from the following statements, sign, and submit this form to your professional practice coordinator before the 15<sup>th</sup> calendar day fall/spring (8<sup>th</sup> day summer).**

I will be covered for the entire period of my participation by ISU student insurance because I have:

\_\_\_ (1) enrolled for sufficient credit hours (9 or more fall/spring, 6 or more summer) to be assessed the student health insurance fee, or

\_\_\_ (2) purchased Student Insurance by applying through MY ISU by the 15<sup>th</sup> calendar day fall/spring (8<sup>th</sup> day summer). The charge will be posted to your Student Account.

\_\_\_ I am not covered by ISU student insurance, I have submitted a waiver request (if taking enough hours to be assessed the fee) to Student Insurance, and I have attached verification of my privately secured policy applicable to my entire professional practice experience.

\_\_\_ I have both ISU's student plan (due to 1 or 2 above) and another policy for maximum protection.

**Your signature attests to your understanding of these terms and provisions. If you do not understand any of this content or have any questions as to how these terms apply to you please contact your coordinator.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

<u>Term</u>	<u>Coverage Begins</u>	<u>Coverage Ends</u>	<u>Cost</u>
Fall 18	8-13-18	1-13-19	\$262
Spring 19	1-10-19	5-12-19	\$262
Summer 19	5-13-19	8-18-19	\$197

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 May 18