

Instructions for Post Doctoral Fellows and Visiting Scholars Applying for Health Insurance:

As a Post Doctoral Fellow or Visiting Scholar, you may purchase the insurance for the entire period of time you will need it, through August 14, 2010, or you may purchase the coverage in smaller monthly segments (**minimum purchase is for 2 months**). That is why the application shows a monthly rate. Your premium will be calculated by multiplying the coverage you select by the number of months for which you are purchasing the insurance. Before you decide which plan you want to purchase, please review the plan comparison sheet at the home page of the FSU web site. Plan benefit summaries and brochures are also at both the FSU and CRM web pages. The FSU web site: www.studentinsurance.fsu.edu. The CRM web site: www.collegiaterisk.com. At the home page of the CRM site, type FSU in the box in the upper right corner. Click on the *Submit* button.

If you are an **international** (J-1, J-2, JX, F-1, F-2, FX) post doctoral fellow or visiting scholar there is only the international plan to select. It provides comprehensive coverage. If you are a **domestic** post doctoral fellow or visiting scholar, there are two plans from which to choose, base or comprehensive.

Dependent coverage: You may also enroll your dependents. Their coverage dates must coincide with your coverage dates. To calculate what one month's premium will be for you and your dependents, add up the coverage for you and each of your dependents. If you have one child, use the "child" premium. If you have two or more children, use the "children" premium just one time.

An application for insurance may be printed by clicking on either link above. The application is in PDF format. Print the application. If you have questions, please call 1-800-922-3420. A customer service representative from Collegiate Risk Management (FSU's Insurance Broker), will help you calculate your payment based on the number of months of coverage you want to purchase and the number of people you want to insure. The customer service representative will be glad to answer any questions you may have about your insurance. When you have determined your premium amount, complete the application. Make sure to include dependent information if you are insuring your dependents.

Payment by check or money order, made out to Collegiate Risk Management, **must** be mailed to the address on the application.

Payment by credit card **should** be faxed to Collegiate Risk Management at 727-939-8323. Provide your credit card information on the second page of the application. **Either VISA or MasterCard is accepted.**

Your cancelled check, money order receipt or the charge on your credit card bill will be your receipt. You will receive two ID cards from Blue Cross and Blue Shield of Florida in a timely manner. Your dependents will not receive separate ID cards showing their names. If you have more than one dependent, additional cards may be printed from the Blue Cross and Blue Shield website.

If you need to seek medical care prior to receiving your card, contact Collegiate Risk Management (CRM) at 1-800-922-3420. CRM will either call the provider for you to verify coverage or fax or e-mail the provider confirmation of your coverage. You may also call Blue Cross Blue Shield of Florida customer service at 800-967-8938.