

## ***Third Party/Agency Billing Agreement***

I. Purpose: This document outlines the procedure whereby someone other than the student will be billed for purchase of the medical health insurance offered for students at Florida State University.

### II. Eligibility:

A. Student: any student eligible to purchase the health insurance plan available to students enrolled at Florida State University. See the insurance plan brochure at [www.studentinsurance.fsu.edu](http://www.studentinsurance.fsu.edu) for eligibility requirements.

1. If *payment* of student insurance premium is *contingent upon grades* received, the student is **not eligible** for direct agency billing and must purchase insurance on their own.

2. The *student is responsible* for notifying Thagard Student Health Center of the correct billing address and contact person at the Agency to be billed.

3. The *student will be liable* for insurance premium costs if the Agency fails to promptly pay the invoiced charge for insurance or if the payment from the Agency cannot be processed successfully.

4. If the Agency originally agrees to pay the insurance premium and then notifies FSU after the fifth day of the semester that the charge will not be paid by the Agency, a registration hold will be placed on the student's account until the premium is paid.

5. Check with TSHC each year regarding current billing policies and procedures.

B. Agent: a government agency, non-profit association, or corporation. An Agent cannot be an individual, sole proprietorship or partnership.

1. The Agent is responsible for notifying Thagard Student Health Center of the correct billing address and contact person at the Agency to be billed.

2. The Agent is required list the name, identification number and premium amount per student included in any payment to the University.

3. All correspondence must be in English.

4. Agents whose payments are returned by the bank or which cannot be otherwise processed will be assessed a fee and may not be allowed to make future billing arrangements with Thagard Student Health Center.

5. Agents who originally agree to pay a student's insurance premium and then notify FSU after the fifth day of the semester that the charge will not be paid by the Agency may not be allowed to make future billing arrangements with Thagard Student Health Center.

C. Thagard Student Health Center (TSHC) is the office that administers billing for insurance under the specific student group insurance plan offered through Florida State University for a given semester or academic year.

1. TSHC will not administer billing for any other insurance plan.

2. This service is provided as a convenience for the student and may be withdrawn at any time.

3. It is the responsibility of both the student and the billed Agent to keep TSHC advised of current billing information.

4. TSHC does not bill for tuition and fees.

### III. Payment:

A. All check, credit or EFT payments must be in US Dollars and must be drawn on a United States bank.

B. Payments must be for insurance premiums only and should be made payable to Florida State University.

C. Payments are due upon receipt of the invoice and must be received from the Agent no later than the end of the current semester. If payment is not received, a hold will be placed on the student's class registration for the following semester.

D. Payments may be sent to Thagard Student Health Center

PO Box 3062140

ATTN: Terri Sanders

Tallahassee, Florida 32306-2140

E. Payments made by IDR may be sent to Terri Sanders at MC 2140.

F. Inquiries should be directed to Terri Sanders at the above address or by fax at 850-644-1491 or by email:

[tasanders@admin.fsu.edu](mailto:tasanders@admin.fsu.edu) .

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Student e-mail and telephone \_\_\_\_\_

Health Insurance Coverage Dates for which Agency is being billed: \_\_\_\_ annual plan (August to August) \_\_\_\_ fall semester only \_\_\_\_ spring/summer semesters only \_\_\_\_ summer semester only (for first time incoming students)

Name of Agency to be billed: \_\_\_\_\_

Billing address: \_\_\_\_\_

Contact person and telephone number at Agency: \_\_\_\_\_

Student Signature and Date Signed: \_\_\_\_\_

**ATTACH A COPY OF FINANCIAL SPONSOR'S AWARD LETTER AND BILLING INSTRUCTIONS.  
BILLING WILL NOT BE PROCESSED WITHOUT THE AWARD LETTER.**