



SEVIS Fee Fact Sheet

For Newly Admitted Students to SUNY Potsdam

The U.S. Department of Homeland Security's Federal SEVIS Fee took effect on September 1, 2004. The fee of \$200.00 is generally a one-time fee (see exceptions, below) and is required of those who are applying for an F-1 visa based on an I-20 issued for "initial attendance". Proof of fee payment must be presented at the visa interview.

Who Has to Pay the SEVIS Fee

- You must pay the SEVIS fee if you are seeking an initial F-1 visa from an embassy or consulate abroad for initial attendance or initial participation in an exchange visitor program.
- You must pay the SEVIS fee if you have previously been enrolled at a U.S. school, but you are no longer enrolled and you have been outside the United States for more than five months, even if you have an unexpired F-1 visa in your passport.
- You must pay the SEVIS Fee if you are a **Canadian citizen** before you can enter the United States. Payments cannot be accepted at a US Port of Entry (including Canada-US land border crossings) so you must make arrangements for payment prior to your planned entry.
- You must pay the SEVIS fee if you are already in the United States prior to submitting a change of non-immigrant status application to F-1.
- You do NOT need to pay the SEVIS fee if item 3 on your SUNY Potsdam I-20 reads "transfer pending from <name of school>", even if you will be applying for a new F-1 visa.
- Applicants for F-2 dependent visas are NOT required to pay the SEVIS fee.

SEVIS Fee Rules

- The SEVIS fee must be processed at least three business days before the visa interview, unless you have a printed receipt from an Internet payment.
- The SEVIS fee cannot be paid at the embassy or consulate, or at the U.S. Border.
- A visa will not be issued unless the visa officer can verify that the SEVIS fee payment has been made. However, you may schedule your visa interview prior to paying the SEVIS fee. (**CANADIAN STUDENTS DO NOT REQUIRE A VISA** – However, they will not be granted entry to the U.S. without Form I-901-SEVIS Fee Payment Receipt.)
- The SEVIS fee is not refundable. If your visa application is denied, and you decide to re-apply for the same type of visa at a later date, you will not be asked to make a second SEVIS fee payment as long as your visa application is made within 12 months of the initial denial.

How to Pay the SEVIS Fee

Currently, there are two payment methods:

- payment in U.S. dollars by credit card over the Internet, OR
- payment in U.S. dollars by check, money order or bank draft, drawn on a U.S. bank, and mailed to an address in the United States.

Payment of the SEVIS fee may be made by you or by any other individual, either in the United States or abroad, including family or friends. However, anyone paying the fee on your behalf will need to have a copy of your I-20 or a completed copy of Form I-901.

Procedure for Paying the SEVIS Fee

- a. Obtain form I-20 from SUNY Potsdam
- b. Access form I-901 on the internet at <http://www.fmjfee.com>
- c. Complete form I-901, answering all questions (you must have an I-20 from SUNY Potsdam in order to complete form I-901). Be sure that you enter your personal information exactly as it appears on the I-20
- d. Pay the \$200 SEVIS fee according to one of the methods described below.



Note: to complete form I-901, you must enter the SUNY Potsdam School Code of **BUF(214F)00184000**. You must also enter your SEVIS ID number, which is printed at the top right of the I-20, above the bar code. It starts with the letter "N."

Paying on the Internet

Once you have received your I-20, you can make the fee payment by submitting form I-901 on-line using a credit card. The web address is <http://www.fmjfee.com> MasterCard, Visa, or American Express debit or credit cards are accepted. It does not matter if the card was issued in the United States or overseas. Follow the on-line instructions, include the required credit card information, and print out the payment screen to verify your payment. The printed receipt should be presented at the visa interview (if applicable) and at the U.S. port of entry as proof of payment. Thus, when paying the fee on the internet, it is essential that your printer be ready before starting the payment process. Do not exit the receipt page until you have successfully printed the receipt. You will not be able to return to the receipt page.

Paying by Mail:

To pay by mail, you must download and print form I-901 from <http://www.fmjfee.com>, fill out the form and mail it with your payment to the address below. Your payment must be in U.S. dollars by check, money order or bank draft, drawn on a U.S. bank. Your check, bank draft or money order should be made payable to: "I-901 Student/Exchange Visitor Processing Fee." Also, be sure to print your name and SEVIS ID number in the lower left-hand corner of the check, money order or bank draft.

The need for a check, bank draft or money order in U.S. dollars drawn on a U.S. bank does not mean that only a U.S. bank can issue the document. Many foreign banks are able to issue checks or money orders drawn on a U.S. bank, because they are chartered in the United States, or because they are foreign subsidiaries of a U.S. bank, or because they have arrangements with a U.S. bank to issue a check, money order, or foreign draft that is drawn on a U.S. bank.

Mail the payment and form I-901 to:
I-901 Student/Exchange Visitor Processing Fee
P.O. Box 970020
St. Louis, MO 63197-0020 USA

To send by courier, use the following address:

I-901 Student/Exchange Visitor Processing Fee
1005 Convention Plaza
St. Louis, MO 63101 United States
Phone Number:
1-212-620-3418 (US Country Code 011)

Once the form and fee are processed, a paper receipt will be mailed to you. Return courier service is available for an additional \$30. Payment by mail is not the recommended process for fee payment from abroad, as it can take as long as four weeks from the day you mail in the fee to the day that you receive the required receipt in the mail if you are applying from outside the United States, unless you pay for courier service.

Showing Proof of SEVIS Fee Payment at the Visa Interview and/or the U.S. Port of Entry

You must be able to prove that the fee has been paid when you appear for your visa interview, and when you enter the United States. This is done by presenting a printed receipt, either from the Internet if you made an on-line payment, or a mailed receipt if you paid by mail. Visa officers and U.S. port-of entry inspectors should be able to verify SEVIS fee payment electronically three business days after payment is processed, but in case of problems, having a printed receipt is the best evidence of fee payment. If you lose or did not receive a receipt for fee payment, the U.S. government does retain an electronic record that the fee has been paid. **A visa will not be issued unless verification of the SEVIS fee payment can be made.** For detailed information on the SEVIS fee payment process and for a list of frequently asked questions, visit: <https://www.fmjfee.com/help.jhtml>

International Education & Programs
SUNY Potsdam
Sisson Hall
44 Pierrepont Avenue
Potsdam, NY 13676
Ph: (315) 267-2335
Fax: (315) 267-4890
Email: international@potsteam.edu



Korean Initiative Agreement Form

Dear Korean Initiative Student:

Congratulations on your admission to SUNY Potsdam! I would like to welcome you on behalf of the Office of International Education & Programs (IEP). As an international student, participating in the Korean Initiative program you will receive the **Korean Initiative Grant**, a stipend to help fund your education at SUNY Potsdam. Please make note of the information below regarding your Korean Initiative Grant. Once you have read this information, **please sign and date this form and mail or fax it to International Education & Programs** (see contact information below). Please keep a copy of this letter for your records.

- **How much is the grant worth and what costs does it cover?**
 - The International Initiative Grant is worth \$2785 per semester, \$5570 per academic year
 - The grant is applied directly to your overall student account

- **How to maintain your International Initiative Grant:**
 - Meet regular admission requirements
 - For fall or spring enrollment: register for a minimum of 12 credit hours. Please note: the Korean Initiative Grant is only applicable to students' first fall and spring semesters of enrollment.
 - Live on campus in one of the residence halls in a standard double room, *individuals choosing another housing option will be billed accordingly for the cost differential.*
 - Participate in a meal plan, *individuals will select a meal plan option, students may add funds to their meal plan at any time.*
 - For meal plan information, please visit:
<http://www.potsdam.edu/paces/mealplans>

Please sign, date, and send this form to the address or fax number below

I, _____, understand that to maintain the Korean Initiative Grant, I must meet all of the requirements above.

Signed _____ Date _____

Please mail or fax this form to:

SUNY Potsdam
International Education & Programs (IEP)
Sisson Hall, 44 Pierrepoint Ave.
Potsdam, N.Y. 13676 U.S.A.
Fax: 315.267.4890



Insurance Agreement Form

Dear SUNY Potsdam International Student:

In accordance with the State University of New York Board of Trustees Resolution, passed in June 1985, health insurance is mandatory for all international students and scholars enrolled at SUNY as well as SUNY students studying abroad.

Students who can prove equivalent medical insurance benefits may be eligible to waive participation in the required SUNY Plan. These people may be required to purchase the Medical Evacuation/Repatriation Rider only. The SUNY Plan is available for comparison by contacting the Office of International Student Services at the phone number listed below. (Please note that the SUNY Plan currently covers expenses up to \$200,000.)

Please sign and return the Insurance Agreement Form below, signifying that you have read and understood the insurance requirements of SUNY Potsdam.

If you wish to request a waiver of the required SUNY International Health Insurance, it is your responsibility to verify that your plan is comparable or better in coverage than the SUNY Plan, and to determine whether or not it includes evacuation/repatriation. You may submit your request on the attached Waiver Request Form. **DEADLINE: All waiver requests, with documentation and specific details of current insurance coverage, must be received no later than the end of the FIRST week of classes.**

If requesting a complete waiver, include documentation of evacuation/repatriation coverage. Submit all forms to the office of Krista LaVack, 131 Sisson Hall, before the end of the first week of classes. **No response or incomplete documentation will automatically enroll you in the SUNY Plan insurance and you will be billed for the same.** Students doing all of their student-teaching assignments in their home country are automatically eligible for a waiver.

All waiver requests must be renewed annually at the beginning of the fall semester. If you have any questions, please feel free to call or stop by our office – 130 Sisson Hall.

Sincerely,

International Education & Programs (IEP) Staff

I, _____, understand and agree that as an international student enrolled at SUNY Potsdam, I must purchase the SUNY Insurance **OR** receive a waiver. **I understand that the waiver requests must be renewed every fall semester by the end of the first week of classes.** Failure to meet this deadline will result in automatic enrollment in the insurance program.

Signed _____ Date _____



Waiver Instructions

For the MANDATORY International Health Insurance

How much does international health insurance cost? (Please note that costs are subject to change)

\$6.00 per month – *Canadian graduate and undergraduate students* with provincial coverage from Canada. This provides for only the evacuation and repatriation benefit – no emergency medical coverage.

\$83.00 per month – *International (non-Canadian) students* with no or inadequate coverage for study in the U.S. This provides for emergency medical and the evacuation & repatriation benefit.

To Request a Waiver: It is your responsibility to find out if your personal insurance covers you while you are out of your home country and that it is comparable to the SUNY International Student Health Insurance. A summary of the SUNY insurance is listed on the attached “Waiver Request Form” and is available by contacting International Education & Programs at (315) 267-2507. If you are covered by comparable insurance and you wish to request a waiver follow the steps below:

- (1) **Complete the “Insurance Agreement Form” (above)** that you received with this packet. Note: This form is completed for your first semester only.
- (2) **Fill out the “Waiver Request Form” (below)**
- (3) **Attach PROOF that you have the required insurance INCLUDING proof of medical evacuation and repatriation (see definitions below).** **Please note:** If you fail to attach adequate proof of coverage to your waiver form, you will be enrolled in the SUNY Plan for at least one semester and billed accordingly. Please make your own copies and attach them to the waiver form before you bring them in. “PROOF” may be a copy of your insurance card, or a paid receipt showing you purchased the insurance or a letter from your insurance company. Be sure to also attach proof that you have medical evacuation repatriation (a copy of the part of your insurance booklet showing that coverage).
- (4) **Return the “Insurance Agreement Form” and the “Waiver Request Form” with proof of your coverage to:**
SUNY Potsdam
International Education & Programs
131 Sisson Hall, 44 Pierrepont Avenue
Potsdam, NY 13676-2294
Phone: 315 267-2507 FAX: 315 267-4890
Email: international@potssdam.edu

Medical Evacuation – in the event you are hospitalized while in the United States, medical evacuation coverage will provide for all arrangements and costs associated with returning the injured/ill person to their home country for medical care.

Repatriation – in the event of death while in the United States, repatriation coverage will provide for all arrangements and costs associated with the return of remains to the home country.

NOTE TO CANADIAN STUDENTS: You must show proof over and above your provincial health insurance plan. While most provincial plans provide for emergency medical care while outside of the US, many do not provide for the necessary evacuation and repatriation coverage. You may need to seek out a secondary insurance plan for this coverage. Some examples of secondary coverage are: parent/spouse employer(s) coverage, CAA, Blue Cross Canada Travel Insurance, RBC Travel Insurance, Bank of Montreal Travel Protection Plan, etc. Please submit proof of your provincial coverage (copy of your insurance card) and proof of your secondary coverage. Failure to meet the required deadline or supply incomplete documentation will result in enrollment in the MEDEX portion of the insurance plan (approximately \$72.00 USD per 12 months of coverage). This amount will be included on your student billing account.

Note to Student Teachers: Students doing all of their student-teaching assignments in their home country are automatically eligible for a waiver.

**MEDICAL INSURANCE PLAN
WAIVER REQUEST FORM
STATE UNIVERSITY OF NEW YORK AT POTSDAM**

FOR CAMPUS USE ONLY
Waiver Validation & Rider Verification
Authorization Initials: _____
Date: _____

International Student, Scholar, or Practical Training Participant

_____	_____	_____	_____
Last Name	First Name	MI	Campus
_____			_____
Social Security Number			Student ID Number

I have read the description of the SUNY International Student and Scholar Health Insurance Plan. I elect to waive my right to participate in this plan because I have comparable worldwide major medical insurance coverage. I understand that I must purchase the medical insurance coverage as follows, and proof is attached:

_____	_____
Insurance Company	Certificate/Policy Number/Group Number

I therefore, waive the coverage provided by the State University of New York for:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Medical benefits only | <input type="checkbox"/> All coverage including medical evacuation/repatriation policy | | |
| <input type="checkbox"/> Year | <input type="checkbox"/> Fall Semester | <input type="checkbox"/> Spring Semester | <input type="checkbox"/> Summer Semester |

_____	_____	_____
Student Signature	Date	Parent/Guardian Signature

After Validation, please retain a COPY for your records

The following is a brief summary of the coverage provided. For a complete description, please refer to your Health Insurance Office.

- **Accidental Death & Dismemberment:** \$10,000 Students
(full amount for death, lesser amount for dismemberment)
\$5,000 Spouse (\$1,000 Child)
- **Medical Evacuation and Repatriation Benefits:** Unlimited (arranged for and paid for by MEDEX – Benefits Over \$10,000 are payable by MEDEX Assistance Corporation, not the insurer)
- **Major Medical Expense Benefit:** Up to \$200,000 for participants (\$100,000 for dependents) lifetime maximum for each covered accident or sickness for covered hospital, surgical, or medical expenses incurred while the term insured. Some vital features of this benefit are:
 - 1) There is a \$50 deductible for each accident or sickness. The participant deductible will be waived if the first treatment for an Injury or Sickness is received at a campus student health center or if the student is referred from the health center to an off-campus medical provider. The participant deductible will also be waived for emergency hospitalization or medical care when the health center is not available and the students is in severe pain and/or a delay in receiving immediate medical care that could result in placing the student's health in serious injury.
 - 2) Maternity: Pregnancy expenses for student or employees are payable on the same basis as a sickness but voluntary abortion is not covered except as provided in (3) below. Pregnancy expenses for dependents are covered, subject to certain restrictions stated in the policy
 - 3) Pays up to \$500 for a voluntary abortion
 - 4) Surgical expense is payable subject to the limits of the Policy
 - 5) Pre-existing conditions are covered for students. A waiting period applies to the dependents.
 - 6) Statutory coverage provided for Outpatient Alcohol and Substance Abuse Treatment
 - 7) Emotional and mental disorder: in-patient payable at 60 days lifetime benefit. Outpatient treatment limited to a maximum of 30 visits per Policy Year.



ARRIVAL INFORMATION FORM

Please provide the following information and return this form via fax, mail, or email once your **travel plans are complete**.

STUDENT NAME	
Home Country	

EMERGENCY CONTACT INFORMATION IN HOME COUNTRY

Emergency Contact Name	
Relationship (parent, etc)	
Phone and/or mobile number	
Email address	

EMERGENCY CONTACT INFORMATION IN UNITED STATES

Emergency Contact Name	
Relationship (aunt, uncle, etc.)	
City and State	
Phone and/or mobile number	
Email address	

ARRIVAL IN UNITED STATES

Date of Arrival	
Day of Arrival (circle one)	MON TUES WED THURS FRI SAT SUN
Mode of transportation (circle one)	Plane – Carrier and flight # Private car
Port of Entry (airport, border crossing)	
Time of Arrival	

ARRIVAL IN POTSDAM, NEW YORK

Date of Arrival	
Day of Arrival (circle one)	MON TUES WED THURS FRI SAT SUN
Mode of Transportation (circle one)*	Private car Bus Taxi (not recommended)
Time of Arrival	

For travel information, please visit the IEP webpage: www.potsdam.edu/academics/international

There is **NO** airport pick up. You must travel to Potsdam, New York by bus or car.

For those traveling by bus, be sure to tell the driver that your destination is SUNY Potsdam.