

## PROOF OF HEALTH INSURANCE

Regulations of the U.S. Department of State require all F-1 student visitors and their accompanying visa dependents to have health and accident insurance that is valid in the U.S. and provides, at a minimum:

\$50,000 for major medical expenses due to an accident or illness;

\$10,000 for emergency medical evacuation;

\$7,500 for repatriation; and

Coverage for the full period of time the student is in the U.S. in F-1 status

The regulations stipulate that program sponsors ensure that all F-1 visitors and their visa dependents in the U.S. have coverage *throughout the course of their F-1 status in the U.S.* University of North America, as a program sponsor, **must** comply with this regulation and therefore requires proof of the above health coverage for F-1 students who are attending programs in the U.S. and any accompanying visa dependents. Students without existing coverage are **required** to purchase and show proof of having an alternate insurance policy that satisfies U.S. Department of State regulations. You are at liberty to select your own alternate insurer and may wish to look into insurance companies other than the ones listed on our website.

Student Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Please check one:

I currently have the required minimum insurance and by submitting this form I am supplying University of North America with proof of same (see below)

*If you have checked the first box, please print this form and have your Human Resource Department fill out the remaining portion. Send the original, signed copy to the address below.*

I have purchased an alternate insurance policy that covers me for the full period I will be in the U.S. and that satisfies U.S. Department of State regulations.

*If you have checked the second box, please print and complete this form and send the original signed form to the address below with proof of coverage that specifies the following: your name as the insured person, dates of coverage, and a policy summary showing that coverage levels meet or exceed those required by U.S. Department of State regulations.*

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### Certification/Proof of Health Insurance

Name of Policy Holder: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_

I certify/attest that the above named individual is covered by the policy stated above and I further certify that said policy is valid in the U.S. and has the required minimum coverage as designated by the United States Department of State.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Original signed forms should be sent to:** University of North America 1980 Gallows Road, Vienna VA 22182  
Attn: Student Services