

## INSURANCE INFORMATION FOR F-1 VISA HOLDERS

### Option 1: University of Memphis Insurance Policy for International Students

The University of Memphis provides health insurance coverage for international students for the academic year. Students can purchase health insurance coverage by going to [http://www.pgintlstudent.com/school\\_page/university-of-memphis/home-university-memphis/](http://www.pgintlstudent.com/school_page/university-of-memphis/home-university-memphis/). Students should enroll in the plan for full-time, degree-seeking international students. In order to register for the Summer term, students must purchase insurance covering the period starting in May and lasting through the end of the summer semester.

### Option 2: Certification of Insurance from an Independent Carrier

To the Insurance Carrier: by completing this form you verify this student has purchased, through your company, a policy which provides coverage equal to or greater than the standard set forth by the University of Memphis insurance policy.

- **Major Medical Expenses Coverage:** \$500,000 USD per injury or sickness to match the current plan.
- **Repatriation Expense:** In the event of the death of the insured person, expenses as may reasonably be incurred will be payable up to \$50,000 USD for returning the body of the insured person to his/her place of residence in his/her home country.
- **Medical Evacuation Expenses:** If the insured person is unable to continue his/her academic program due to injury or sickness, expenses as may reasonably be incurred will be payable up to \$25,000 to evacuate the student to another medical facility or to their home country.

*PRINT OR TYPE:*

Student/Insured Name: \_\_\_\_\_ U of M ID# \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Beginning Coverage Date: \_\_\_\_\_ Ending Coverage Date: \_\_\_\_\_

*(NOTE: Use specific dates only. )*

\_\_\_\_\_  
Company Representative Title Email Address

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

**This form must be completed and mailed by the insurance carrier. Mail to: International Students Services, University of Memphis, Room 101 Panhellenic Building, Memphis TN 38152-3440**