



UNIVERSITY OF CENTRAL FLORIDA
College of Medicine

Proof of Disability Insurance Form

All students enrolled in the M.D. program of the College of Medicine are required to have disability insurance. After a thorough review of pricing and coverage, the College of Medicine is recommending enrollment in the [American Medical Association's plan](#) which has a \$200,000 payout and has an annual cost of \$55. While enrollment in this plan is not mandatory, **proof of comparable coverage is required if the M.D. student decides to enroll in another plan. Note: You cannot wait until financial aid disbursements in mid-August to purchase your Disability Insurance. All students are required to have proof of disability insurance coverage prior to the end of orientation.**

If you have comparable coverage, please complete this form and submit it to the College of Medicine's Office of Student Affairs for verification and approval.

Student Name: _____

PID# or last 4 digits of SSN: _____

CERTIFICATION/PROOF OF DISABILITY INSURANCE COVERAGE

Name of Policy Holder: _____

Disability Insurance Company: _____

Disability Insurance Company Phone Number: _____

Policy Number: _____

Policy Expiry Date: _____

STUDENT SIGNATURE _____ DATE _____

College of Medicine Office of Student Affairs
6850 Lake Nona Blvd. Orlando, FL 32827-7408
(407) 266-1353 ▪ FAX (407) 266-1389

THE DEADLINE FOR PROOF OF DISABILITY INSURANCE IS

FRIDAY, JULY 15, 2016 BY 5PM