



**COLLEGE OF MEDICINE  
Proof of Disability Insurance  
2010-2011**

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 is recommending enrollment in American Medical Association’s plan which has a \$200,000 payout and has an annual cost of \$55.00. 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.**

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.

Name \_\_\_\_\_ ID# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

---

**CERTIFICATION/PROOF OF DISABILITY INSURANCE COVERAGE**

**Name of Policy Holder:** \_\_\_\_\_  
**Disability Insurance Company:** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_  
**Dates of Coverage:** \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_