



UNIVERSITY OF CENTRAL FLORIDA
College of Medicine

Proof of Health Insurance Form

All students enrolled in the M.D. program of the College of Medicine are eligible to purchase the UCF student health insurance plan. 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.** Please see <http://www.hs.ucf.edu/healthcenter/insurance.html> for the plan's provisions and benefits.

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.

Please provide a copy of your health insurance card (front and back) along with this form.

Student Name: _____

PID# or last 4 digits of SSN: _____

CERTIFICATION/PROOF OF HEALTH INSURANCE COVERAGE

Name of Policy Holder: _____

Health Insurance Company: _____

Health Insurance Company Phone Number: _____

Policy Number: _____

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