



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, JUNE 28, 2019 BY 5PM