



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 www.gallagherstudent.com for the plan's provisions and benefits. **Note: You cannot wait until financial aid disbursements in mid-August to purchase your Health Insurance. All students are required to have proof of health insurance coverage prior to the end of their 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.

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

Student Name: _____

UCFID# 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: _____

I intend to purchase UCF Student Health Insurance once available.

STUDENT SIGNATURE _____ **DATE** _____

College of Medicine Office of Student Affairs
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