

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 <u>American Medical Association's plan</u> 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 N	ame:	
PID# or la	st 4 digits of SSN:	
	CERTIFICATION/PROOF OF DISABILITY INSURANCE	COVERAGE
Name of F	Policy Holder:	
Disability	Insurance Company:	
Disability	Insurance Company Phone Number:	
Policy Nur	mber:	
Policy Exp	iry Date:	
STUDENT	SIGNATURE	DATE

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