



## INTERNATIONAL STUDENT SERVICES

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Student Name:

G00 Number:

### Health/Accident Insurance Form

Medical insurance coverage for illness and injuries is required for all international F-1 students in the United States. Insurance proceeds may not be restricted to a specific institution, clinic, health care entity or locale, and the provider must have a claims office in the United States.

*All State College of Florida (SCF) F-1 international students MUST fulfill this regulation to register or continue enrollment at SCF.*

#### Please carefully read and complete the following:

I have read the college's regulation above which states that I must hold medical and accident insurance in order to be enrolled full-time at SCF. In order to fulfill this regulation, I have purchased the following insurance policy:

Name of Insurance Company:

Policy #:

Expiration Date:

**A copy of your insurance card or print out from the internet is required to be submitted with this form.**

I hereby certify that I have read and understand the above college regulation and have purchased health/accident insurance. I will continue to maintain health/accident insurance for the duration of my tenure. I further certify that the information given above is complete and accurate, and I understand that making false or fraudulent statements on this form may result in cancellation of registration.

Signature

Date