

International Student Proof of Health Insurance Form

DigiPen Institute of Technology requires all international students with an F-1 visa to have health insurance. This applies to all international students holding an F-1 visa who attend school at DigiPen. **Your health insurance plan must cover the period from the first day you are physically in the United States until you expect to leave the United States.**

If you already have your own insurance coverage, please fill out this Proof of Insurance form and submit it with a copy of proof of coverage, the terms in English, and coverage amounts listed in United States dollars. If you need to purchase international health insurance, please refer to the link on the DigiPen website and choose a plan that best fits your needs (Go to: digipen.edu/student-portal/for-incoming-students/international/health-insurance). The listing of providers on the website is provided as convenience for students and is not an endorsement of any program. Please carefully research other plans to determine which insurance company offers the best coverage to fit your needs (emergency room visits, prescription co-pays, deductible amounts, etc.).

Please mail this form and proof of insurance to the address below, or attach the documents in an email to dso@digipen.edu.

STUDENT INFORMATION:

First Name: _____ Last Name: _____

Student ID Number: _____ Email Address: _____

BY SIGNING THIS WAIVER, YOU ARE AGREEING THAT:

- I have my own health insurance, which is valid and in effect for the upcoming academic year.
- I must provide proof of insurance in English, with coverage dates, and limits in US dollars.
- This application must be renewed every year I am a student at DigiPen.

I certify that the information provided is accurate to the best of my ability.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Accepted By: _____ Date: _____

Proof of Insurance Included? Yes No