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International Student Proof of Health Insurance Form

www.digipen.edu

DigiPen Institute of Technology requires that all international students with an F-1 visa to have health insurance. This applies to all international students holding an F-1 visa to attend school at DigiPen. You should be registered for insurance for at least the September 1 – August 31 period (other dates are accepted as long as you have continuous coverage while you are in 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. The proof of coverage should clearly state the name of the person who is covered, and the dates of coverage. 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. The listing of the provider 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 Heather Mueller at the address above or attach the documents in an email to heather.mueller@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.
- By not returning this form by August 31st, I understand that I am at risk of forfeiting my enrollment at DigiPen Institute of Technology and violating the terms of my F-1 visa.
- 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.

Signature Date

OFFICE USE ONLY

Accepted by: _____ Date: _____ Proof of Insurance Included? _____