

University of Utah Student Health Center
Verification of Health Insurance

Insurance Company Name Policy/Contract #

Address of Insurance Company Phone Number of Insurance Company

Policy Holder's Name Relationship to Policy Holder

I certify that the information above is correct and that I currently have and will maintain health insurance coverage during the entire period that I am enrolled at the University of Utah. I understand that if I provide false or misleading information on this form or fail to maintain required health insurance coverage I am in violation of University regulations and may be subject to discipline by the Student Conduct Committee and possible dismissal from the University of Utah.

Signature Date (mm/dd/yyyy) Student ID #

Print Name *Family (Last) Name* *First Name* *Middle Initial*

Email Address

Please check the appropriate box for type of insurance purchased:

University Sponsored Plan (GM Southwest)	
National Health Plan	
Private Insurance Coverage (meets requirement printed to right)	

Private Insurance Requirements:

- ✓ Minimum coverage of \$50,000 per policy year
- ✓ Minimum of \$10,000 repatriation and medical evacuation
- ✓ An annual deductible no greater than \$250.00
- ✓ Coverage of 80% or more (80/20 coinsurance)
- ✓ Documented dates of coverage must be provided along with insurance card or letter of confirmation