

UCI INTERNATIONAL SUMMER SESSION

HEALTH INSURANCE GUARANTEE OF INDEPENDENT COVERAGE

Visiting International Students attending UCI Summer Session must complete and submit this form with their International Summer Session Application and Enrollment Form. This form is an acknowledgment from the student that they have the sufficient Health Insurance coverage to cover the amounts listed below.

Please write clearly.

Last Name (Family Name)

First Name (Given Name)

Middle Name

Street Address (House #, Street #, etc.)

Street Address

City

Country

Postal Code

Permanent Telephone

Email

Select the program the applicant will attend

Session I: June 24th - August 1st

Session II: August 5th - September 11th

10-week Session: June 24th - August 30th

Session I and II: June 24th - September 11th

I am guaranteeing that I am covered by an independent health insurance plan which I will arrange myself. This independent health insurance plan meets the following minimum required coverages.

UNLIMITED Maximum benefit per Policy Year

\$50,000 Minimum coverage for Evacuation Expenses to your home country if necessary

\$25,000 Minimum coverage for Repatriation of Remains to your home country in case of death

The deductible does not exceed \$75.00 per injury/illness

I understand that during my program of study, adequate health insurance coverage, as defined by the minimum coverages above, is required by UCI Summer Session.

SIGNATURE

DATE

Contact us directly with any questions or concerns.

Telephone: +1 (949) 824 6494, Monday - Friday, 9:00am - 4:00pm PST

Email: internationalsummer@uci.edu