# UNF INTERNATIONAL STUDENT INSURANCE AGREEMENT

## This form must be submitted to Student Health Services- Medical Compliance Department for insurance hold to be released

**Please select ONE option – Number 1 or Number 2**

## UNF HEALTH INSURANCE PLAN

**1. I AGREE to accept UNF health insurance for**

**Fall Spring Summer School year**

**Print Name**

**Student Signature**

**Student ID N Date**

### OR

## MY PERSONAL INSURANCE PLAN (not UNF plan)

**2. I am choosing to purchase my own health insurance policy that meets University requirements. I understand I must submit the *completed* International Student Health Insurance Compliance Form BEFORE I can register for classes, and no later than add/drop of the first week of classes.**

**Print Name**

**Student Signature**

**Student ID N Date**

Return this form:

**In person/mail: UNF Medical Compliance**

**1 UNF Drive, Bldg. 39A/ Room 2100**

**Jacksonville, FL 32224-7699 USA**

**Fax: +1(904)620-2901 or email: medical\_compliance@unf.edu**