

PROOF OF HEALTH INSURANCE AT KANSAS STATE UNIVERSITY

Submit this form AND a copy of your insurance card or policy benefits summary page to the International Student Center. If you have questions please contact the Insurance Coordinator at ininsure@ksu.edu or call 785-532-6448.

Which category do you best fit?

Board of Regents (United HealthCare Plan)

Alternative Qualifying Health Insurance Plan (including GTA/GRAs)

Sponsored Students Health Insurance plan - Sponsor Name: _____

Name of Student: _____

KSU ID #: _____

Date of Birth

____/____/____

Email address: _____

Telephone: _____

Current Local Address: _____

Street

City

State

Zip code

Country of Citizenship: _____

Provider Name: _____

Policy Number: _____

I am fully aware that Kansas State University is not responsible for the interpretation or review of the policy information presented, or any expenses resulting therefrom. I agree to be responsible for advising the International Student Center (in writing) of any lapses or cancellations of this policy during any semester for which I am enrolled in the University.

Student Signature

Date

*all supporting documentation providing proof of insurance must be submitted in English.

-For Office Use Only-

Received Date: _____

_____ Sponsored

_____ Alternative Policy Holder

_____ KSU Policy

_____ Approved

_____ Denied

_____ Hold

_____ Hold lifted

Comments: _____

Insurance Coordinator Signature

Review Date