

PROOF OF SPONSORED STUDENT INSURANCE POLICY

Health Insurance is required for all K-State International Students. If you are sponsored by your government or by a company, AND if your sponsor is also providing you with health insurance, complete this form AND attach a copy of your insurance card to this sheet. If you have questions please contact the Insurance Coordinator at [ininsure@ksu.edu](mailto:ininsure@ksu.edu) or call 785-532-6448.

Name of Student: \_\_\_\_\_

KSU ID #: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Current Local Address: \_\_\_\_\_  
Street City State Zip code

Country of Citizenship: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_ Sponsor Verification \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_

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	