



**ADMISSIONS**

5840 26th St., W., Bldg. 1, Rm. 146, Bradenton, FL 34207 • 941-752-5050 phone • 941-727-6024 fax  
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email: admissions@scf.edu

Student Name \_\_\_\_\_

G00 Number \_\_\_\_\_

**Health/Accident Insurance Form**

Medical insurance coverage for illness and injuries is required for all international F-1 students in the United States. Insurance proceeds may not be restricted to a specific institution, clinic, health care entity or locale, and the provider must have a claims office in the United States.

All State College of Florida (SCF) F-1 international students MUST fulfill this regulation to register or continue enrollment at SCF.

**Please carefully read and complete the following:**

I have read the college's regulation above which states that I must hold medical and accident insurance in order to be enrolled full-time at SCF. In order to fulfill this regulation, I have purchased the following insurance policy:

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_ policy expiration date: \_\_\_\_\_

***A copy of your insurance card or print out from the internet is required to be submitted with this form.***

I hereby certify that I have read and understand the above college regulation, and have purchased health/accident insurance. I will continue to maintain health/accident insurance for the duration of my tenure. I further certify that the information given above is complete and accurate, and I understand that making false or fraudulent statements on this form may result in cancellation of registration.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

State College of Florida, Manatee-Sarasota does not discriminate on the basis of sex, race, religion, age, national origin/ethnicity, color, marital status, disability, genetic information and sexual orientation in any of its educational programs, services or activities, including admission and employment. Direct inquiries regarding nondiscrimination policies to: Equity Officer, 941-752-5323, PO Box 1849, Bradenton, FL 34206.