



Evidence of Health Insurance Form

The University of Colorado Boulder requires that all students have a comprehensive health insurance plan during their time at the university. This means that all students at the International English Center must have health insurance for the duration of their studies.

Directions:

1. Complete, sign, and date the form below.
2. Return the completed form to the IEC with a copy of your Certificate of Insurance **by the first day of orientation**:
 - By **Email**: delano.suddith@colorado.edu
 - By **Fax**: +1 303.492.5515
 - **In Person** on the first day of orientation

Family/Last Name	First Name	Middle Name
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Country of Birth: _____		
Date of Birth: _____ Month / Day / Year	Country of Citizenship: _____	

Choose your option below.

Option 1

☐ I have health insurance coverage through a sponsoring agency.

Name of Sponsoring Agency: _____

Option 2

☐ I have purchased my own health insurance.

Name of Policy Holder: _____

Health Insurance Company: _____

Health Insurance Company Phone Number: _____

Health Insurance Policy Number: _____

Option 3

☐ I would like to purchase CU Student Gold Health Insurance. Please add this to my student account.

Student Signature

Date (Month / Day / Year)

Signature of Parent or Legal Guardian
(if student is under 18 years of age)

Date (Month / Day / Year)