Option 2: Certification of Insurance from an Independent Carrier

TO THE INSURANCE CARRIER: By completing this form you verify this student has purchased, through your company, a policy which provides coverage equal to or greater than the standard set forth by the Tennessee Board of Regents policy 2:03:00:00.

- **Major Medical Expenses Coverage:** $250,000 USD
- **Medical Benefits:** At least $50,000 USD per accident or illness.
- **Repatriation Expense:** In the event of the death of the insured person, expenses as may reasonably be incurred will be payable up to $7,500 USD for returning the body of the insured person to his/her place of residence in his/her home country.
- **Medical Evacuation Expenses:** If the insured person is unable to continue his/her academic program due to injury or sickness, expenses as may reasonably be incurred will be payable up to $10,000 to evacuate the student to another medical facility or to their home country.

**PRINT OR TYPE:**

Student/Insured Name: _______________________________________ U of M ID#________________

Name of Insurance Company________________________________________

Address _____________________________________________________________

City, State, Zip ______________________________________________________

Beginning Coverage Date: ___________________ Ending Coverage Date: ________________

(NOTE: Use dates only, Terms such as continuous, enrolled, current, etc. are not acceptable.)

________________________________     ________________________   _______________
Company Representative                      Title                        Email Address

________________________________
Signature of Representative                      Date

This form must be completed and mailed by the insurance carrier. Mail to: Insurance Representative- CIPS, University of Memphis, Room 102 Brister Hall, Memphis TN 38152-3440