



International Programs

102 Brister Hall  
Memphis, Tennessee 38152-3440

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[www.memphis.edu](http://www.memphis.edu)

## 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**