

## 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 Expense Coverage:** \$250,000 for each injury or illness
- **Repatriation Expense:** In the event of the death of the insured person, expenses as may be reasonably incurred will be payable up to \$10,000 for returning the body of the insured person to his/her place of residence in his/her home country.
- **Medical Evacuation Expense:** If the insured person is unable to continue his/her academic program due to injury or sickness, expenses as may be reasonably incurred will be payable up to \$10,000 to evacuate the student to another medical facility or home country.

### Student Information

Student/Insured Name \_\_\_\_\_

UM ID# \_\_\_\_\_ Birthdate M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

### Insurance Company Information

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Web Site \_\_\_\_\_ Phone \_\_\_\_\_

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

Beginning Coverage Date M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

Ending Coverage Date M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

\_\_\_\_\_  
Name of Company Representative Title Email Address

\_\_\_\_\_  
Signature of Company Representative Date

**This form must be completed and mailed with a copy of the policy by the insurance carrier to:  
Intensive English for Internationals, University of Memphis, 125 Patterson Hall, Memphis, TN 38152**