

Health Insurance Form

It's Internexus policy that all students have health insurance coverage. Please, fill out the form below with your personal information. If you have any dependents, fill out a separate form for each person.

Personal Information:

First Name: _____ Last Name: _____
Gender: Male Female Date of Birth: _____ (Month/Day/Year)
Country: _____
Date you're going to leave your country: _____ (Month/Day/Year)
Date you're going to return to your country: _____ (Month/Day/Year)

Health Insurance Plan:

- I have my own health insurance:
Company: _____
Policy Number: _____
Expiration Date: _____ (Month/Day/Year)
(Please, attach a copy of your insurance card or confirmation.)
- I will buy insurance from Internexus for _____ months.
(\$85 for the first month, \$75 for following months)