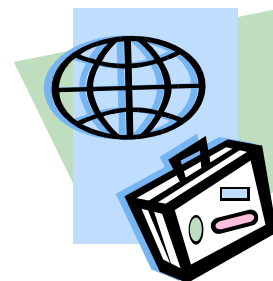


# Horizon Christian School

## INTERNATIONAL STUDENT PROGRAM

### *Verification of Insurance Coverage*



Dear Student:

Horizon Christian School (HCS) **requires** international students to purchase student accident and illness insurance through HCS **unless** you can verify the following:

- You are currently insured under a similar insurance policy that is **effective in the United States** AND
- Your insurance coverage is now in effect and will **continue to be in effect throughout your enrollment at HCS.**

If you already have accident and illness insurance and you do not want to purchase the insurance offered through Horizon Christian School, you must complete the following:

Name of Insurance company \_\_\_\_\_

Address of Insurance company \_\_\_\_\_  
(phone & email also) \_\_\_\_\_

Policy Number \_\_\_\_\_

Effective Date of Coverage \_\_\_\_\_

Termination Date of Coverage \_\_\_\_\_

After you have provided all the information requested above, please complete the verification below and return the original to Horizon Christian School. You should keep a copy for your records.

### **Verification**

I hereby certify that the answers and information provided are true, complete and correct to the best of my knowledge. A photocopy of this authorization shall be considered as effective and valid as the original.

Student Name \_\_\_\_\_

Identification Number \_\_\_\_\_

Students Signature \_\_\_\_\_

Date \_\_\_\_\_