

## 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)