Application Number	
Name in Passport	

## **Alternative Health Insurance Approval Request**

Health (Injury/Sickness) Insurance is mandatory for international students. You should purchase a health insurance in your home country and demonstrate it by submitting the following documents.

- · Alternative Health Insurance Approval Request Form
- the Copy of Insurance Policy
- Your alternative health insurance should be comparable to health insurance plan

Description	Recommended	Check list
Illness Injury	Unlimited	
Deductible	The maximum \$50.0 USD	
For accident/illness		
Emergency medical	unlimited coverage	
evacuation		
Repatriation of	unlimited coverage	
remains		
Accidental/illness	up to \$25,000USD	
death benefit		

- **X** Must Provide unlimited coverage for medical expense incurred outside your home country.
- X Must have Coverage dates from September 1) to a minimum of December 31.

(Student Signature)

## .Alternative Insurance Information

Name of Insured		Country	
Person		where you are insured	
<b>Company Name</b>		(company) Contact Name	
Service Call #		(Phone / Fax)	
Policy #		Policy Coverage dates	
Phone		E-mail	

and that the insurance will be effective d	uring the academic year at Inha University.
I certify that the coverage of my insurance	is comparable to conditions indicated above

• If the alternative health insurance policy is not approved, the student will be required to have the INHA University Health Insurance Plan.

**Approval of Home University**