



Enrollment Services  
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# Verification of Health Insurance

Umpqua Community College (UCC) requires you to purchase student accident and health insurance through the school unless you can verify the following:

- You are currently insured under a similar insurance policy that is effective in the United States.
- Your insurance coverage is now in effect and will continue to be in effect throughout your course of study at UCC.

**Section 1 – Insurance Information**

If you have accident and health insurance as indicated above, please provide the following information:

Name of insurance company: \_\_\_\_\_

Address of insurance company: \_\_\_\_\_

\_\_\_\_\_

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

Effective date of coverage: \_\_\_\_\_

Expiration date of coverage: \_\_\_\_\_

**Submit coverage summary outline in English**

**Section 2 – Student Signature *(choose & sign only one of the options below)***

I hereby certify that the answers and information provided above are true, complete and correct to the best of my knowledge.

Student Name (please print)	Student Signature	Date
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I currently do not have health and accident insurance but will purchase the insurance through Umpqua Community College.

Student Name (please print)	Student Signature	Date
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