Sookmyung Women’s University requires full-time international students (including exchange students) to have hospital/accident insurance or other healthcare coverage for the entire year. Students who have adequate insurance coverage and meet the following conditions of health insurance waiver are required to submit this form as well. Students will be notified if their insurance or healthcare does not satisfy the waiver requirements.

**PLEASE CHECK ONE OF THE FOLLOWINGS THAT APPLY:**

|  |  |
| --- | --- |
|  | **I am not covered under a healthcare/insurance plan and I want to purchase the Health Insurance. I understand that the premium will be charged to me automatically.** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **I am currently covered under my parents’ or personal health medical insurance or health program. My plan will cover me for the entire period of my stay at SMU.**  **Please write the date according to your stay. *Ex Feb,28~June23, 20\*\*.* ( - ).**  **I have checked with my insurer to verify that the coverage is effective in Korea.**  **Students’ private health insurance must meet the following conditions.**   1. **The guarantee amount must meet the following amount.**  |  |  |  |  | | --- | --- | --- | --- | | Injury Death | US$ 10,000 | Permanent Lesion Hindrance | US$ 10,000 | | Injury Medical Expense | US$ 10,000 | Disease Expense | US$ 10,000 |  1. **□ 1) The insurer must have a branch in Korea.**   **Name of Insurer**  **Korean Branch Contact Info Tel)**  **Korean Branch Contact Info Location)**  **OR**  **□ 2) Although the insurer has no branch in Korea, the payment for my medical expenses in KOREA would be taken care of by the insurer or by myself.**  **\*Please attach a proof of your personal health insurance with this verification form.** |

Student’s Signature Date

Student’s Name (Print) Date of Birth:

Passport number Country of Citizenship

Insurance Duration: months

Alien Registration number (If applicable)

Student # at SMU(if applicable) Division/major (at SMU)

Address

**It is very important that you are covered under insurance, or you will be restricted to activities at SMU.**