

Verification of Health Insurance

Dear prospective International Student:

CCC 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 CCC.

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

Name of insurance company _____

Address of insurance company

Policy number _____

Effective date of coverage _____

Expiration date of coverage _____

- 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

- I currently do not have health and accident insurance but will purchase through Clackamas Community College when I arrive.

Student Name (please print)

Student signature

Date

Please return to: Clackamas Community College
Registrar's Office
19600 Molalla Avenue
Oregon City, Oregon 97045
503-594-3379