



Enrollment Services
 PO Box 967
 Roseburg, Oregon 97470
 541.440.7743 | 541.440.7713
Admissions@umpqua.edu

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 SignatureDate

I currently do not have health and accident insurance but will purchase the insurance through Umpqua Community College.

Student Name (please print)Student SignatureDate