



**International Center**

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Flint, MI 48502-1950  
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# HEALTH INSURANCE CANCELATION

If you are an F-1 student and your Form I-20 was issued by the University of Michigan-Flint, you must have health insurance that meets U-M-Flint requirements for yourself and any accompanying F-2 dependents during the entire time you are an F-1 student at the University of Michigan-Flint. **Upon completion of your major and/or program, you are still required to have coverage up until the day you depart from the United States. Please complete this form and return it to the International Center with a copy of your airline ticket or receipt. Once your insurance policy has been canceled, you will be reimbursed for any monies you have paid to the university beyond your cancelation date.**

\*\*Please note that the health insurance policy charges students on a monthly basis and runs on a cycle from the 1<sup>st</sup> of the month till the 30<sup>th</sup>. You will still be charged for the entire month regardless of the date you leave. For example, if your departure date is the 5<sup>th</sup> of May, you will have to pay for the entire month. Currently, the monthly cost is approximately \$89.



UM ID \_\_\_\_\_

\_\_\_\_\_  
(Date mm/dd/yyyy)

1. Student Name \_\_\_\_\_  
(Last) (First) (Middle)

2. Expected Date of Graduation/Completion of Program \_\_\_/\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)

3. Expected Departure Date \_\_\_/\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)

4. Forwarding Address (If you are to be reimbursed):

\_\_\_\_\_  
(Street Address) (Apt. #)

\_\_\_\_\_  
(City) (State) (ZIP Code) (Country)

**FOR OFFICE USE ONLY**

- Confirmed Graduation Date
- Confirmed Departure Date

Type of Proof \_\_\_\_\_

Insurance Cancellation Date \_\_\_\_\_

ISA initials \_\_\_\_\_