

**Certificate of Compliance**  
**Health/Accident Insurance Requirements**

**For International Students  
On F-1 Student Status**

Non-immigrant international students shall not be permitted to register or be permitted to continue enrollment at Lake-Sumter Community College unless they demonstrate that they have adequate medical insurance coverage for illness and injuries in the United States.

Insurance proceeds may not be restricted to a specific institution, clinic, health care entity or locale, and the provider must have a claims office in the United States.

**All full-time non-immigrant international students enrolled at Lake-Sumter Community College must comply with this regulation. Please carefully read and complete the following:**

I HAVE READ THE COLLEGE'S REGULATION ABOVE WHICH REQUIRES THAT I HOLD MEDICAL AND ACCIDENT INSURANCE IN ORDER TO BE ENROLLED FULL-TIME AT LAKE-SUMTER COMMUNITY COLLEGE. IN ORDER TO COMPLY WITH THIS REGULATION I HAVE PURCHASED THE FOLLOWING INSURANCE POLICY:

NAME OF INSURANCE COMPANY:

\_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ POLICY EXPIRATION DATE: \_\_\_\_\_

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE MENTIONED COLLEGE REGULATION, AND THAT I AM NOW IN COMPLIANCE WITH THAT REGULATION, AND THAT I WILL CONTINUE TO DO SO AS LONG AS I AM A STUDENT AT -SUMTER COMMUNITY COLLEGE. I FURTHER CERTIFY THAT THE INFORMATION GIVEN ABOVE IS COMPLETE AND ACCURATE, AND I UNDERSTAND THAT MAKING FALSE OR FRAUDULENT STATEMENTS IN THIS CERTIFICATION OF COMPLIANCE MAY RESULT IN CANCELLATION OF REGISTRATION.

NAME (type or print): \_\_\_\_\_

LSCC SID NUMBER: X00-\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

Compliance with this college regulation is required after the I-20AB has been issued to the student AND BEFORE THE FIRST DAY OF CLASS. Non-compliance will prevent any future class registration until the compliance form is submitted and approved.