



Office of International Affairs
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Health Insurance Change Form

(To Add/Remove Dependent(s))

If you are an F-1 or J-1 student and your I-20 or DS-2019 was issued by the University of Michigan-Dearborn, you must have health insurance that meets UM-Dearborn requirements for yourself and any accompanying F-2/J-2 dependents during the entire time you are an F-1/J-1 student at the University of Michigan-Dearborn.

- This Form is to be used to add or remove your dependent(s) from your current UM Student/Scholar health insurance.

PLEASE ALLOW ONE (1) WEEK FOR PROCESSING.

GENERAL INFORMATION

Last Name	First Name	UMID	UNIQNAME

PLEASE COMPLETE

Add a dependent

Last Name	First Name	Birth Date	Gender (M/F)	Visa Status	Date to Start Insurance

Remove a dependent

Last Name	First Name	Reason	Date to End Insurance

SIGNATURE DATE

X _____

FOR OIA OFFICE USE ONLY

Authorization: _____ Date: _____ Documents: ___Attached