

**Even if you plan to take the health insurance in Korea, you must have it checked and submit the document upon application. Failure to submit this document will result in a delay in the application review process.**



## VERIFICATION OF ACCIDENT AND HEALTH INSURANCE INTERNATIONAL STUDENTS

Sookmyung Women's University requires full-time international students (including exchange students) to have hospital/accident insurance or other healthcare coverage for the entire year. Students who have adequate insurance coverage and meet the following conditions of health insurance waiver are required to submit this form as well. Students will be notified if their insurance or healthcare does not satisfy the waiver requirements.

**Student's Name** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home University:** \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWINGS THAT APPLY:**

No	Check	Notes								
<b>1</b>	<input type="checkbox"/>	<p>I am NOT covered under a healthcare/insurance plan and I want to purchase the Health Insurance. I understand that the fee will be charged to me later. I acknowledge that all responsibility for not having insurance lies with me.</p> <p><b>Document upload required dates: Aug 24(Mon) ~ Sep 6(Sun), 2026</b>  <b>Link will be noticed later around last week of August.</b></p>								
<b>2</b>	<input type="checkbox"/>	<p><b>*Please attach a proof of your personal health insurance with this verification form and highlight the 1) your name 2) duration and 3) coverage and 4) coverage country (Korea) in 1 combined pdf file. If not Englishs, please the sections translated. (NO need for legal translation)</b></p> <p><b>(write)Your Insurance Duration: YYYY.MM.DD-YYYY.MM.DD</b></p> <p>I am currently covered under my parents' or personal health medical insurance or health program. My plan will cover me for the entire period of my stay at SMU.  Please write the date according to your stay. <i>Ex Feb,28~June23, 20**</i>  I have checked with my insurer to verify that the coverage is effective in Korea.  Students' private health insurance must meet the following conditions.</p> <p>1. The guarantee amount must meet the following amount.</p> <table border="1" style="width: 100%;"> <tr> <td>Injury Death</td> <td>US\$ 10,000</td> <td>Permanent Lesion Hindrance</td> <td>US\$ 10,000</td> </tr> <tr> <td>Injury Medical Expense</td> <td>US\$ 10,000</td> <td>Disease Expense</td> <td>US\$ 10,000</td> </tr> </table> <p>2. <input type="checkbox"/> 1) The insurer must have a branch in Korea.  Name of Insurer _____  Korean Branch Contact Info (Tel) _____  Korean Branch Contact Info (Location) _____</p> <p><u>OR</u></p> <p><input type="checkbox"/> 2) Although the insurer has no branch in Korea, the payment for my medical expenses in KOREA would be taken care of by the insurer or by myself.</p>	Injury Death	US\$ 10,000	Permanent Lesion Hindrance	US\$ 10,000	Injury Medical Expense	US\$ 10,000	Disease Expense	US\$ 10,000
Injury Death	US\$ 10,000	Permanent Lesion Hindrance	US\$ 10,000							
Injury Medical Expense	US\$ 10,000	Disease Expense	US\$ 10,000							

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Alien Registration number (If applicable) \_\_\_\_\_

Student # at SMU(if applicable) \_\_\_\_\_ Division/major (at SMU) \_\_\_\_\_

**It is very important that you are covered under insurance, or you will be restricted to activities at SMU.**