

Auburn University

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ADDING US BORN MINOR DEPENDENTS TO INTERNATIONAL HEALTH INSURANCE

I, _____, hereby elect to cover my U.S. born dependent on the Auburn University Mandatory International Health Insurance Plan. Upon enrolling my dependent(s), _____, I realize that I will be responsible for maintaining their health insurance for the duration of my F-1 status or my spouse's F-1 status.

Signature

Print Name

Date

Student's I.D. Number

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____ who has produced a _____ as identification and who did take and oath.

Notary Public

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