The East Tennessee State University Quillen College of Medicine requires all students to carry and maintain health insurance while enrolled.

Currently, the university does not provide domestic insurance coverage for its students, therefore, you will need to provide proof of coverage through a private policy. Please complete the health insurance verification form below and attach a copy of the front and back of your insurance card.

Please mail or fax the completed form to: Office of Student Affairs
Quillen College of Medicine
Box 70580
Johnson City, TN 37614
Fax: (423) 439-2070

We must receive your insurance information no later than June 12, 2015. If you have any questions, contact the Office of Student Affairs at (423) 439-2019.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td>M.I.</td>
<td>Month</td>
</tr>
<tr>
<td></td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td>Year</td>
</tr>
</tbody>
</table>

PRIVATE HEALTH INSURANCE VERIFICATION

Please complete the information below for your private health insurance policy. Be sure to send a copy of the front and back of your insurance card along with this form.

Full Name of Insured Party

Relationship to Insured

Insurance Company Name

Insurance Company Address (Street, City, State, Zip)

Phone Number

Insurance Policy Number or Group Number

Effective Coverage Dates

INSURANCE POLICY STATEMENT

I understand that I must maintain health insurance as a condition of my enrollment at the East Tennessee State University Quillen College of Medicine. I also understand that it is my responsibility to purchase health insurance annually and provide proof of having insurance through a provider on
an annual basis. I further understand that failure to abide by this policy could result in an interruption of my enrollment and may be considered a violation of the Honor Code Policy.

__________________________________________
Signature

____________________________
Date
### 2012-13* Tennessee Board of Regents Student Insurance Plan
Premium and Coverage

<table>
<thead>
<tr>
<th>Premium and Coverage</th>
<th>Under Age 25 (semi-annual* premium)</th>
<th>Age 25-34 (semi-annual* premium)</th>
<th>Age 35-44 (semi-annual* premium)</th>
<th>Age 45+ (semi-annual* premium)</th>
<th>Optional Dental</th>
<th>Optional Catastrophic</th>
<th>Optional Medical Evacuation and Repatriation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$743</td>
<td>$827</td>
<td>$945</td>
<td>$1050</td>
<td>$179/person/year(upon initial enrollment only)</td>
<td>$275/person/year(upon initial enrollment only)</td>
<td>$30/person/year</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,696</td>
<td>$1,696</td>
<td>$1,696</td>
<td>$1,696</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Each Child</td>
<td>$825</td>
<td>$825</td>
<td>$825</td>
<td>$825</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Optional Dental: $179/person/year (upon initial enrollment only)  
Optional Catastrophic: $275/person/year (upon initial enrollment only)  
Optional Medical Evacuation and Repatriation: $30/person/year

### Deductibles

| Deductibles | $250 In-Network  
|            | $500 Out-of-Network  
| Inpatient/Outpatient Hospitalization | $250 per occurrence

* The university policy for the 2013-2014 academic year has not been determined by the Tennessee Board of Regents. This decision is usually made in early July. Therefore, the information contained in this document regarding the university health coverage policy is subject to change until that time. This includes premium rates, coverage available, and the provider name.