

## **Required Documents to Apply for Health Insurance**

### **International Students:**

Send clear copies through WhatsApp at 646-281-8788 (Rosary Mata).

- Completed **Identity form** (D0H-5088; see attached)
- Clear copy f1-**Visa Page** from Passport
- Clear copy of **1-20** form (First Page)

*Optional Documents (Only if you have them)*

- Clear copy of Social Security Card
- Clear copy of employment authorization card (EAD)
- Proof of Income

**Note:** If under 21 years of age and live on campus, scan the attached barcode to request a letter from the **registrar's office** stating (he/she) lives at 434 Main Street. If under 21 years of age and student is living off-campus, request a letter from the person that is either renting or providing shelter to them.

The letter must mention:

1. Full name of student
2. Full name of Sponsor
3. Complete Address
4. Date
5. Sponsor's signature

\*If student is over the age of 21 years, no need to provide proof of housing.

E-mail:

## Attestation of Identity Form

1. Applicant Name				
2. Address		3. City	4. State	5. ZIP Code
6. Date of Birth (mm/dd/yyyy)		7. Social Security Number		8. Telephone Number
<b>List A</b>	<b>OR</b>	<b>List B</b>	<b>OR</b>	<b>List C</b>
<ul style="list-style-type: none"><li>• U.S. Passport book or card</li><li>• Driver's license</li><li>• Official Government Identification card</li><li>• School Identification card</li><li>• U.S. military card or draft record</li><li>• Military dependent's Identification card</li><li>• Native American Tribal Document</li><li>• U.S. Coast Guard Merchant Mariner card</li><li>• Certificate of Naturalization (N-550 or N-570)</li><li>• Certificate of U.S. Citizenship (N-560 or N-561)</li></ul>		<ul style="list-style-type: none"><li>• Birth certificate</li><li>• Social Security card</li><li>• Marriage certificate</li><li>• Divorce decree</li><li>• Employer Identification card</li><li>• High school diploma</li><li>• College diploma</li><li>• High school equivalency diploma</li><li>• Property deed or title</li></ul>		<ul style="list-style-type: none"><li>• Hospital or clinic record*</li><li>• Doctor's record*</li></ul> <p><b>*Applies to children 16 and under only</b></p>
<p><b>Attestation.</b> I attest, under penalty of perjury, that I am unable to submit one document from List A or two documents from List B or, in the case of a child, one document from list C listed above to verify my identity (or the identity of my child) because I do not have access to the required documents. I attest, under penalty of perjury, that to the best of my knowledge the information in and submitted with this form is true and correct.</p>				
9. Signature of adult applicant (or parent or guardian for a child applicant)			10. Date (mm/dd/yyyy)	
11. Name (type or print legibly)			12. Relationship to applicant	

NEED HELP WITH THIS FORM? Call us at 1-855-355-5777. TTY users should call 1-800-662-1220 or 1-877-662-4886 for TTY in Spanish.