**International Student Insurance Declaration**

​**​**

To Soochow University:

I am\_\_\_\_\_\_\_\_\_\_\_(passport name), passport number is\_\_\_\_\_\_\_\_\_\_\_, hereby declare that: I have purchased a comprehensive insurance that meets the standards enlisted by Soochow University.

**Insurance Details**:

* Insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Insurance number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Coverage starting date: \_\_\_\_\_\_\_\_\_\_\_\_ [*yyyy*][*mm*][*dd*]
* Coverage ending date: \_\_\_\_\_\_\_\_\_\_\_\_\_[*yyyy*][*mm*][*dd*]
* Specific insurance category: (*ex. Comprehensive International Student Health Plan*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I confirm that, that insurance plan listed above meets all the standards required by Soochow University (Insurance Specified plan). The insurance will be continually active during my study period from\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*yyyy*][*mm*][*dd*] (*insert here your arrival date entering China*), to \_\_\_\_\_\_\_\_\_\_\_[*yyyy*][*mm*][*dd*] (*insert here the expiry date of visa or residence permit*).

Scanned copies of (choose either *Insurance Policy Certificate* or *Confirmation Letter*) will be attached along with this declaration.

I hereby pledge that all of the above are true, accurate and complete.

​**​**

**Signature：​**​ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

​**​ Date：​**​ \_\_\_\_\_\_\_\_\_\_\_\_\_ [*yyyy*][*mm*][*dd*]