

# Health Insurance Confirmation

Name :

DOB :

Home University :

HUFS Student Number :

I have received comprehensive information from the Office of International Admissions and Management regarding the requirement for personal health insurance during my stay in Korea. As such, I understand that I am responsible for addressing my personal health needs by purchasing appropriate health insurance in Korea.

Date :

Signature : \_\_\_\_\_

Office of International Admissions and Management



**한국외국어대학교**  
HANKUK UNIVERSITY OF FOREIGN STUDIES