



## **Aerosim Flight Academy**

### **F-1 VISA INSURANCE ACCEPTANCE FORM**

Date: \_\_\_\_\_

I, \_\_\_\_\_, accept the health/ accident insurance policy administered by Aerosim Flight Academy; I hereby authorize Aerosim Flight Academy to charge my account \$1152.00 for two (2) years coverage.

I, \_\_\_\_\_, deny the health/ accident insurance policy administered by Aerosim Flight Academy. My personal policy meets the minimum requirements as outlined by the United States Immigration Agency. A copy of my policy is attached for review.

Signed: \_\_\_\_\_