



Aerosim Flight Academy

M-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 \$576.00 for one (1) 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: _____