



INF VISITORS INSURANCE

HEALTH ATTESTATION FORM

I certify that _____ (member) visiting from _____ to _____ is not currently sick and not in any need an emergency treatment undergoing treatment or expecting to go under treatment in the immediate future. If found that any planned treatments, appointments or otherwise sick on the day insurance starts or immediately there after, the policy will not cover such sickness and void the coverage without any refunds.

Please send the completed health attestation, along with a copy of your I-94 (or passport stamp if applicable) to operations@infplans.com.

Signature:

Name:

Date: