

The University of Montana—Study Abroad Programs

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Insurance Coverage Form

Your Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/19\_\_\_ Gender: M/F ID#: \_\_\_\_\_

Program: ( ) ISEP ( ) Partner Univ. Host Country: \_\_\_\_\_ Host Institution: \_\_\_\_\_

Please complete and return this form with a photocopy of your insurance identification card(s) to International Programs before finals week.

All students participating in UM-sponsored study abroad programs are required to maintain health and accident insurance coverage throughout the entire study abroad period. UM's minimum coverage requirements are as follows:

- Medical Expense Benefit: \$100,000
• Medical Evacuation: \$50,000
• Repatriation: \$15,000

Policy choices: Many companies specialize in coverage for study abroad programs. Any policy you choose must meet the three requirements listed above. UM Blue Cross/Blue Shield Student Health Insurance meets all minimum coverage requirements as well as the ISIC premium card. Students may also meet these requirements by maintaining their current health insurance and supplementing it, if necessary, with a policy to meet evacuation and repatriation requirements. IP also offers study abroad insurance plans through HTH Insurance Services: a comprehensive plan that covers all of the minimum coverage requirements for \$52.75/month and a supplemental plan that covers the medical evacuation and repatriation requirements for \$10.40/month. Rates are subject to change at the beginning of April each year. Please consult IP for details if interested in purchasing one of these insurance plans. Note: Check any policy you select to ensure it is fully applicable while you are abroad. Note any specific procedures you must follow, including the possible need for pre-certification in case of a hospital stay. In most cases, you should be prepared to pay for services rendered and then present receipts later to your insurer for reimbursement.

Coverage through a parent's policy: You may be covered under a parent's policy. Check to make sure that policy provides coverage to you overseas for all three of our requirements (it may only cover medical expense benefits or it may not apply overseas), and compare it carefully to other policies designed for study abroad programs. For any policy, check for possible travel limitations or exclusions, inform your insurance agent of your travel plans, and take an insurance identification card and claim forms (if any) with you to the study site.

Dates of coverage: You are required to have insurance coverage throughout the entire program, including travel to and from the study site. If you extend your stay abroad beyond the program dates for personal travel before or after the program, we strongly encourage you to purchase additional coverage to cover the complete length of time abroad.

Important note: Most study abroad insurance policies cover students only while abroad and have little or no coverage for pre-existing conditions. For these reasons, IP strongly recommends that you retain your U.S. insurance so that you are covered for pre-existing conditions and for any time in the U.S., whether this time in the U.S. is before, during, or after the program.

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This is to certify that I have read this sheet and that I shall be covered by a health and accident insurance policy that meets the above minimum requirements for the duration of my stay abroad as a participant in the above-named program, and that I will be covered for travel to and from the study site. My insurance is provided through (list all applicable policies):

Insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Coverage Dates: From \_\_\_\_\_ through \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Coverage dates: From \_\_\_\_\_ through \_\_\_\_\_

Applicant's Signature

Date

Parent/Guardian Signature (if student is under 18)

Date