

Insurance Coverage Form

Your Name: _____ Birthdate: ____/____/19____ ID#: _____

Program: _____ Host Country: _____ Gender: () Male () Female

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

Many insurers specialize in coverage for study abroad programs. UM's International Programs (IP) provides a variety of brochures to help you select your insurance policy. Any policy you choose must meet the three requirements listed above. UM Blue Cross/Blue Shield Student Health Insurance meets all minimum coverage requirements. Students may also meet these requirements by maintaining their current health insurance through a parental policy and supplementing it, if necessary, with a policy to meet evacuation and repatriation requirements or by purchasing one comprehensive policy. IP also offers study abroad insurance plans through HTH Insurance Services: a comprehensive plan for \$45.00/month and a supplemental plan for \$9/month. 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.

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

Please complete this form, attach a photocopy of your insurance identification card(s), and return it to your Program Director by the following date: _____.