

Please type or print.

Name: _____
Last First Middle

Program: _____
Location Abroad Administering Campus

Date of Birth: _____ Sex: _____ Citizenship: _____
Mo/Day/Yr

Date of Departure: _____ Date of Return: _____
Mo/Day/Yr Mo/Day/Yr

Health and accident insurance is **required** of all State University of New York study abroad program participants. We strongly advise a policy that is designed especially for students studying abroad. Such a policy should minimally include basic medical and accidental death and dismemberment coverage. Medical evacuation and repatriation coverage is also required. The coverage must be in effect for the entire period away from home. Those who do not have such coverage must purchase the insurance provided by SUNY. Complete descriptions of the SUNY International Student and Scholar Health Insurance Plan and the MEDEX Medical Evacuation and Repatriation Rider are enclosed.

Please select one of the following options:

- A. _____ I wish to waive the SUNY International Student and Scholar Health Insurance Plan because I have comparable insurance coverage including medical evacuation and repatriation. I understand that if I do not provide proof of medical evacuation and repatriation and/or if my medical insurance is found not to meet SUNY requirements, I will be required to purchase the appropriate SUNY coverage.

The insurance is provided through policy number _____ issued by the _____ Insurance Company. This is the phone number of the company _____, in case there are questions.

_____ I have attached documentation from the company that I will be adequately covered while abroad and that payment of claims can be made.

_____ I have attached a copy of the front and back of the insurance card, showing the name of the covered student.

_____ I have attached proof of medical evacuation and repatriation coverage.

- B. _____ I wish to waive the SUNY International Student and Scholar Health Insurance Plan because I have comparable insurance coverage. I will purchase the MEDEX Medical Evacuation and Repatriation Rider from SUNY. I understand that if my medical insurance is found not to meet SUNY requirements, I will be required to purchase the appropriate SUNY coverage.

The insurance is provided through policy number _____ issued by the _____ Insurance Company. This is the phone number of the company _____, in case there are questions.

_____ I have attached documentation from the company that I will be adequately covered while abroad and that payment of claims can be made.

_____ I have attached a copy of the front and back of the insurance card, showing the name of the covered student.

- C. _____ I wish to purchase the SUNY International Student and Scholar Health Insurance Plan (which includes the MEDEX Medical Evacuation and Repatriation Rider).

Student's Signature Date

Parent/Guardian's Signature (required if student is under 18 years of age) Date