HEALTH INSURANCE VERIFICATION FORM

As stated under MEDICAL DENTAL AND HEALTH RESPONSIBILITIES in the CONDITIONS OF ENROLLMENT, the participants understand that IPE/WWU **requires** each student to maintain sufficient study abroad health insurance coverage while participating in a study abroad/exchange program.

Coverage Questions

Please respond to the following insurance questions by checking the boxes. All answers must be "YES" to be eligible for participation in the program. However, please explain any "NO" answers below.

YES	NO	
☐	☐	Minimal medical expense coverage of $50,000 per injury or sickness, $100,000 recommended
☐	☐	Accidental death & dismemberment indemnity in the amount of $10,000
☐	☐	Repatriation expense benefits of $15,000
☐	☐	Medical evacuation benefits of $50,000
☐	☐	Family air fare expense of $1,500
☐	☐	Overseas travel and assistance services
☐	☐	Coverage for the full period of study
☐	☐	There are no out of area / country penalties
☐	☐	Co-payments no greater than 80%
☐	☐	A deductible no greater than $250

Please explain any "NO" answers _____

Policy Information

Primary Insured's Name _____ Relationship _____

ID # _____ Group Name _____

Policy # _____ Policy Expiration Date _____

Insurance Company Name _____

Company's U.S. Address (required) _____

Company's U.S. Phone # (required) _____

You must provide WWU/IPE with a copy of your insurance ID, certificate or insurance confirmation letter.

The undersigned certifies that all information is true, and that failure to provide correct information may result in the cancellation of the student's participation in the study abroad program. The undersigned also authorizes the insurance company to release information regarding coverage to Western Washington University.

I have read and understand this study abroad health insurance verification form.

_____ _____ _____

Student Name (please print) Signature of Student Date