

INSURANCE VERIFICATION FORM

Calvin Off-Campus Semester

Please return this form ASAP, either by mail, e-mail, or fax to:

Off-Campus Programs
Calvin College
1845 Knollcrest Circle, SE
Grand Rapids, MI 49546

Fax: 616-526-7149

E-mail (scanned attachment): dellen52@calvin.edu

I hereby certify that my student, _____, is covered for urgent and emergency medical care* while participating in the Calvin Semester program in _____(country) during the Fall/Spring of _____(year) as follows (check one):

My/our student is covered by KnightCare.

My/our student is covered by my/our personal or employer-provided insurance for the entire time of the program.

My/our student is not covered as required. I/we will purchase the required coverage prior to his/her departure for _____(country).

Signed: _____ Date: _____

Printed name: _____

Relationship to student: _____

Parent/Guardian emergency contact information:

Phone: _____(home and/or cell)

E-mail: _____

*Calvin provides security/political evacuation insurance for all students. This policy (IMG Patriot International) also provides *secondary* health coverage (with a \$1000 deductible) during the time of the program. Students traveling abroad *prior to and/or following* their program are strongly urged to purchase an extension of this insurance for the additional time they will be abroad. Please contact the Off-Campus Programs Office for more information or see:

<http://www.calvin.edu/admin/travel/international/insurance.html>