



STATEMENT OF INSURANCE FOR STUDY ABROAD PARTICIPANTS
Office of International and Intercultural Programs

Please complete and return this form to the VWC Office of International and Intercultural Programs.

Name: _____ Student ID#: _____

Host Institution: _____
(College/University) (City, Country)

Health and accident insurance coverage is required of all participants in Virginia Wesleyan College study abroad programs. We strongly advise a policy that is designed especially for students studying abroad. Such a policy should minimally include basic medical, accidental death, and dismemberment coverage, as well as emergency evacuation and repatriation coverage. If the student plans to travel before the program begins or after it concludes, and the student's policy does not cover these periods, short-term coverage should be arranged with a private company so that protection will be sufficient for the entire period away from home.

INSURANCE COVERAGE

Insurance Carrier	Address	Telephone
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Does your insurance plan include overseas coverage? ___yes ___no

Please note any conditions/exclusions, if any: _____

Does your insurance plan include evacuation/repatriation coverage? ___yes ___no

Does your insurance plan cover you before and after the study abroad program? ___yes ___no

“I understand and acknowledge the need for comprehensive health care coverage relative to study abroad. I will ensure that I am covered accordingly.”

Signed: _____ Date: _____

Signed: _____ Date: _____
(Signature of Parent of Guardian, if under 18)