

Health and Other Insurance Information

Willamette University Sponsored Study Abroad Program

Return this form to the Office of International Education, Willamette University, Matthews Academic Center

DEADLINE MONDAY April 16, 2012

Name _____ Date of Birth (d/m/y) _____ WU ID# _____

Program _____ Semester & Year of program _____

BE PREPARED: Be sure you understand all of the coverage and requirements of your own health insurance(s) prior to leaving the U.S. Bring your insurance card(s) and policy information with you abroad.

PROGRAM HEALTH INSURANCE: Coverage provided as described in B or C is considered adequate by the program provider and/or the host country. However, we encourage you to consider your own health needs to determine if you wish to retain any current coverage you have or want to acquire a second coverage such as CISI.

INSTRUCTIONS:

COMPLETE items in the 3 sections below as they pertain to you. BE SURE TO COMPLETE THE BACK!!!

1. EVERYONE: INITIAL A, B, or C

_____ **A. CISI ENROLLMENT:** I will be enrolled in the CISI plan during my program dates abroad. (Indicated on Cost Matrix as "Required but not included.") OIE will enroll me and I will be billed via my Willamette University Student Account for the cost of this insurance. **The cost billed will be calculated based on official program arrival dates and official program end dates at the rate of \$34/month.** I have read the CISI materials and understand the limits of the coverage and know I am responsible on my own for acquiring any supplemental coverage as I see fit.

_____ **B. HEALTH INSURANCE IS INCLUDED** as part of my program. (Indicated on the Cost Matrix as "Included...") I understand that this insurance will only cover me during my program dates. I understand travel outside of the program dates/parameters may not be covered and take responsibility for acquiring my own coverage for these periods/places.

_____ **C. COVERED BY SPECIFIC HEALTH INSURANCE:** I am required to **purchase a specific medical insurance** for my study abroad program. (Indicated on Cost Matrix as "Specific insurance required.") Payment will be made as specified by the program provider/host country. I understand that this insurance will only cover me during my program dates. I understand travel outside of the program dates/parameters may not be covered and take responsibility for acquiring my own coverage for these periods/places.

2. OPTIONAL: INITIAL item D or E. DO NOT MARK ANYTHING HERE IF NEITHER PERTAINS TO YOU.

FOR ITEM D, you will be billed for insurance. Do not mark this if you marked A above.

FOR ITEM E, please also mark item A above. You will be billed for insurance if you do not provide documents that prove your insurance satisfies the waiver requirements.

_____ **D. ENROLL ME IN CISI Study Abroad Health Insurance** even though I have other health insurance coverage. I will be billed via my Willamette University Student Account for the cost of this insurance.

_____ **E. WAIVE CISI COVERAGE:** My current health insurance provides adequate coverage for me while abroad.

I have attached:

- a completed *WAIVER FOR OFF-CAMPUS STUDY HEALTH INSURANCE* form, a copy of my policy coverage, and a copy of my current insurance card

*** **OR** ***

- a completed *WAIVER FOR OFF-CAMPUS STUDY HEALTH INSURANCE*, a letter from my insurance company that declares coverage for each of the required waiver items and a copy of my current insurance card. I understand I will be enrolled in and billed for CISI insurance (item A) if these documents do not provide adequate proof of equivalent coverage. DEADLINE: APRIL 16, 2012

*******CONTINUED ON BACK*******

3. INSURANCE INFORMATION:

Below is the information for ALL of my health insurance policies in effect for the duration of my program. If you will only be covered by CISI, just write CISI in the name of the insurance company and leave the other items blank. For insurance information: see your insurance card. THIS IS NOT A WAIVER FORM.

Insurance #1:

Name of Insurance Company OR "CISI" OR Program name if the insurance is included/required for your program:

Policy/Certificate #/ID: _____ Name of Policy Holder: _____

Insurance #2 (if applicable):

Name of Insurance Company: _____

Policy/Certificate #/ID: _____ Name of Policy Holder: _____

Insurance #3 (if applicable):

Name of Insurance Company: _____

Policy/Certificate #/ID: _____ Name of Policy Holder: _____

Agreement (all students): I acknowledge that I understand my health insurance coverage & am responsible for accessing any health coverage I have. If I am not the policy holder on any insurance under which I am covered, I also agree to send a copy of this form to the policy holder(s) as listed above.

Agreement (for items A, B, C and D): I understand that this insurance will only cover me during my program dates. I understand travel outside of the program dates/parameters may not be covered and take responsibility for acquiring my own coverage.

Signature of Student

Date

OTHER Insurance You Need To Know About:

EMERGENCY EVACUTATION and REPATRIATION INSURANCE:

Willamette University students are automatically covered for these services IF their health insurance includes outpatient, diagnostic/ancillary, and hospital services. This does not replace the health insurance requirement.

To know: *Emergency Evacuation* refers to medical situations in which you are or are likely to become too ill/injured to remain abroad. This insurance covers the cost (usually there is a maximum amount) for the specialized travel that may be required. *Repatriation* refers to returning your "mortal remains" to your home country. If you die while abroad, this insurance covers the transport of your body back to your home country.

TRAVEL INSURANCE: Students are NOT covered by Willamette University for "travel" loss at any time during their program or during travel (travel change plans, loss of luggage, theft/damage/loss of personal belongings, etc.). Often personal belongings are covered in renter's or homeowner's insurance policies carried by parents/guardians. Check this out before you leave! We strongly recommend this kind of coverage. Be sure to compare prices. Companies that insure study abroad travelers often have the best deals for students.

To know: You can purchase this kind of coverage through the same companies that provide study abroad health insurance. For example, the *CISI* plan offers travel insurance as an optional "add-on" for its health insurance.