

## Health Insurance Information

### Willamette University Sponsored Study Abroad Program

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

Name \_\_\_\_\_

WU ID# \_\_\_\_\_

Program \_\_\_\_\_

Program Semester/Year \_\_\_\_\_

As a Willamette student, participation in an off-campus program requires health insurance that covers you in the country of your program. Please check with all insurance carriers with whom you have coverage to confirm that you will be covered in the country of your program and any other countries you may visit. While abroad, most health service providers will require payment up front from you and you will file a reimbursement claim directly to your insurance company. Be sure you understand all of the coverage and requirements of your own health insurance prior to leaving the U.S. Bring your insurance card and policy information with you abroad, even if you have Willamette's student health insurance.

Please note:

Willamette University students are automatically covered for Emergency Evacuation and Repatriation. This does not replace the health insurance requirement.

**Please check ALL THAT APPLY and SIGN AT THE BOTTOM OF THIS FORM:**

\_\_\_\_\_ My personal medical insurance provides adequate coverage for me while abroad, I am aware of all of its relevant policies. For my own safety, I understand my coverage should include outpatient, inpatient, and emergency care.

\_\_\_\_\_ I am covered by Willamette University's student medical insurance plan.  
(Information about the WU student health plan can be found online at [www.willamette.edu/dept/health/insurance/](http://www.willamette.edu/dept/health/insurance/). If you wish to waive your WU medical insurance, you must complete the waiver on this website or at Bishop Health Center.)

\_\_\_\_\_ My study abroad program provider requires me to purchase a specific medical insurance for the program. (For example, ISEP requires participants to purchase ISEP provided insurance. I understand that this insurance will only cover me during my program dates and may be considered secondary to any personal health insurance that I already have.)

\_\_\_\_\_ Health insurance is automatically included in my study abroad program. (If you are unsure, check your Program Page on the OIE website. I understand travel outside of the program parameters may not be covered and take responsibility for acquiring my own coverage.)

Below is the information for all of my current health insurance policies (use the back of this sheet for additional insurance coverage):

Insurance #1: Name of Insurance Company: \_\_\_\_\_

Policy / Certificate #/ID: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

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Insurance #2 (if applicable): Name of Insurance Company: \_\_\_\_\_

Policy / Certificate #/ID: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

For more information about health and health insurance while abroad see, Chapter 3 in the Study Abroad Handbook.