

STATEMENT OF MEDICAL COVERAGE

Applicant (Please Print) _____ Date _____

I intend to study abroad during the ___ Fall / ___ Spring semester of the _____ academic year.

Country _____ College Abroad _____

Please call your insurance carrier to validate your medical coverage dates and obtain an insurance ID card (especially if you are approaching age 23). You must be covered for the entire duration of the program.

I hereby certify that I will be covered by a health/accident policy for the program's duration.

My policy is carried by:

(Name of Insurance Company)

(Policy Number)

(Address)

(Dates Effective)

Applicant's Signature

Date

Signature of Parent or Guardian

Date

In addition to the above medical coverage, Salve Regina University will provide a supplemental student insurance policy, through CIEE/iNext. This policy is applicable to all students accepted into our study-abroad program. More information will follow at your Pre-Departure meeting.