

Health Insurance Verification

It is required that you have adequate health insurance coverage while studying or traveling abroad. Failure to carry insurance can result in the delay or denial of treatment. This can mean that your international experience is marred by needlessly incurred medical expenses. Please check to see if your current health insurance covers you for: 1) treatment and medications administered abroad; 2) emergency evacuation should you need to be rushed to a hospital abroad or back to the U.S.; 3) repatriation of your remains in the event of your death.

Please complete:

Name: _____ Gender: _____

Social Security Number: _____ UNI Student Number*: _____

Academic Classification: F S J S G

Major: _____ College: _____

Study abroad destination: _____ Dates: _____

Exact/complete name of abroad program: _____

My current insurance policy will cover me while abroad. Yes No

Name of carrier company: _____
(Blue Cross, Principal, etc.)

Policy number: _____

Name of insured: _____
(parents, self, spouse, etc.)

Emergency evacuation provided: Yes No

Repatriation provided: Yes No

Does your insurance provider require you to submit claim forms for services? Yes No
If yes, make sure to pack them with your other important documents.

I understand the need for health insurance and, if not already covered, will purchase a policy and provide the necessary information to the Institutes Abroad Office. I certify that any policy I carry will be maintained for the duration of my study abroad program. I further certify that the information I have provided above is correct.

Signature: _____ Date: _____

*UNI Student Number: We will fill this in if you do not have it.

UNI STUDY ABROAD PROGRAM
CONDITIONS OF PARTICIPATION STATEMENT

All applicants are asked to review and sign the following statement which constitutes conditions for participation in all University of Northern Iowa sponsored study abroad programs.

1. I understand and agree that, as a participant in the University of Northern Iowa study abroad program, I am subject to the student conduct regulations described in the Student Information Handbook on the World-wide Web at: <http://www.uni.edu/vpess/handbook.html>. I further understand that if I am attending a foreign university as part of the University of Northern Iowa program, I am also subject to the conduct regulations of that institution.
2. I agree to participate fully in all portions of the program and agree that any deviation I will make from the program design must be approved in advance in writing by the program coordinator.
3. I agree that the program coordinator may terminate my participation in the program if: 1) I engage in actions endangering to myself or others; or 2) my conduct is considered to be detrimental or incompatible with the best interest and welfare of the program. I further agree, if expelled from the program, to be responsible for all expenses incurred in returning to the United States.
4. I understand that I am subject to the laws of the host country and agree to abide by those laws. It is further understood that the University of Northern Iowa may be limited in its ability to provide assistance in the event of arrest and may also institute disciplinary proceedings.
5. I am aware of the nature and the cost of the program. I shall be responsible for all financial obligations related to my participation in the program.
6. I agree to notify the program coordinator if I am planning extended individual travel during the program. Where possible, I will provide the director with details of the proposed trip including plane, bus, and train schedules.
7. I understand that the University of Northern Iowa reserves the right to cancel programs in the case of insufficient participation or for reasons deemed appropriate. The University of Northern Iowa also reserves the right to make changes to the program. I further understand that should the program, or any portion of the program, be changed or cancelled, the University of Northern Iowa shall have no responsibility beyond the possible refund of deposits made or monies paid to the University of Northern Iowa by the participants. Minor alterations in the program will not result in refunds.

I have read, understand, and agree to the condition governing my participation in the UNI Study Abroad program. I further understand the possible actions that will be taken should I act in a manner that is inconsistent with these conditions.

Participant's name (print)

Participant's signature

Date

Parent(s) or Guardian(s) signature if under 18 years of age

Date

UNI STUDY ABROAD PROGRAM
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT
AND MEDICAL AUTHORIZATION

Please read this carefully. It affects any rights you may have if you are injured or otherwise suffer damages on a study and travel program.

WHEREAS I, (print full name) _____
am about to participate in the study abroad program known as _____
_____ and acknowledge that I understand that in consideration for my
being permitted to participate in said study program, I do hereby, for myself, the members of my family
and spouse, and my heirs, assigns, and personal representatives, acknowledge and assume the risk of
participation in this study and travel program and do hereby **RELEASE AND FOREVER DISCHARGE**
the state of Iowa, Board of Regents, State of Iowa, the University of Northern Iowa, and all their officers,
faculty, employees, and agents (hereinafter referred to as "Releasees") whether accompanying said
program or otherwise, from any and all claims, demands, actions or causes of action on account of any
injury to me or my property or on account of my death which may occur from any cause during or relating
to the said study program, or any continuances thereof; and I do hereby expressly covenant and agree to
refrain from bringing suit or proceedings at law or in equity or otherwise as provided by law, against any of
said bodies or persons on account of any and all such claims, demands, actions or causes of action.

I further **AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES** from any loss, liability,
damage or cost, including court costs and attorney's fees, that they may incur due to my participation in
said program.

If I incur or develop any injury or illness, then I hereby give my consent for medical treatment, and
permission to study program personnel to supervise and/or perform, as deemed necessary by study program
personnel, on-site first aid for minor injuries, and to a licensed physician or physician assistant to
hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and
necessary procedures) for me. I agree to assume all costs related to any such treatment.

IN SIGNING THIS AGREEMENT AND AUTHORIZATION I ACKNOWLEDGE AND REPRESENT THAT I
have read the foregoing Waiver of Liability and Hold Harmless Agreement, and Medical Authorization and
understand it and sign it voluntarily as my own, free act and deed; no oral representations, statements, or
inducements apart from the foregoing written agreement have been made; I am at least eighteen (18) years of age
and fully competent (if not eighteen, my parent(s) or guardian(s) agree with the terms of this document and sign it as
such); and I execute this Agreement and Authorization for full, adequate and complete consideration fully intending
to be bound by same.

Participant's signature

Date

Parent(s) or Guardian(s) signature if under 18 years of age

Date