

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. Adequate health insurance provides coverage for:

- 1) Treatment and medications administered abroad;
- 2) Emergency evacuation should you need to be rushed to a hospital abroad or back to the US; and
- 3) Repatriation of your remains in the event of your death.

Please check to see if your current health insurance provides adequate coverage while you are abroad. If you need additional coverage, the Study Abroad Center has information on insurance policies specifically designed for students participating in study and travel abroad programs.

My current policy will provide adequate medical coverage while I am abroad: YES NO

Name of Carrier Company: _____

Policy Number: _____ Toll-free number in the U.S.: _____

Briefly state coverage provided: _____

Emergency evacuation provided: YES NO

Repatriation of remains provided: YES NO

- I understand the need for health insurance and will, if not already covered, purchase a policy for the duration of my program and provide the necessary information regarding proof of coverage to the program coordinator before I am allowed to participate in the study abroad program.**
- I certify that this policy will be maintained for the duration of the study abroad program. I further certify that the information I have provided is correct.**

Signature _____ Date _____

The International Student Identity Card (ISIC) provides supplementary coverage as well as repatriation expenses up to \$7,500 and emergency evacuation up to \$25,000. The ISIC policy is not a substitute for basic medical insurance. UNI students studying abroad are strongly encouraged to purchase an International Student Identity Card (ISIC) for the duration of their program. An ISIC may be purchased at the Study Abroad Center or directly from Council Travel.

CONSENT FOR EMERGENCY MEDICAL TREATMENT (Optional)

In the event that I/we cannot be reached to give consent, I/we the undersigned parent/legal guardian/spouse of _____ hereby authorize University of Northern Iowa's representative to consent for me/us to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care deemed necessary or advisable by a qualified physician during the period this student is enrolled in a University of Northern Iowa study abroad program. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the University of Northern Iowa to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a qualified physician is deemed necessary.

I certify that I am the parent/legal guardian/spouse of the student named above, and I have read the entire preceding statement, and I join in all the articles of the statement without reservation, granting my consent to all actions provided for herein.

Parent/Guardian/Spouse name (please print) _____

Parent/Guardian/Spouse signature _____

Date _____