



Proof of Insurance Form

Adequate health and accident insurance is a must for any student going on a study abroad program. After many years of experience, SAOA believes that decisions regarding the type, scope and duration of this coverage should be left to the student and his or her family or guardians. Many students already have insurance policies that cover them abroad or policies that offer add-on coverage for such instances at a much lower rate than individual policies. Students should contact their insurance company for information about current or optional coverage. For those who do not have adequate coverage, there are many policies available specifically for study abroad experiences. They can be purchased for exactly the period of time that the student will be abroad. We recommend that the policy include basic medical, emergency evacuation, accidental death and dismemberment and repatriation coverage. A 24-hour worldwide emergency assistance feature is also advisable. Students should contract for coverage for all of the places they might travel during their time abroad, and for periods of time they may be outside of their normal coverage area prior to the beginning of the program or after it ends.

We also strongly recommend students bring the ISIC card, which can be obtained through STA Travel. This International Student Identity Card not only provides some basic health insurance and emergency services coverage, but also can be used by students to get discounts at museums and on transportation within Europe.

(Type or print clearly):

Student Name: _____

Program: _____ Program dates: _____

This is to certify that I will be covered by a health and accident insurance policy for the duration of my stay abroad as a participant in the program named above. I have checked with the insurer to make sure that I will be adequately covered and that payment of claims can be made abroad. I have paid any additional premium required for overseas coverage. The details of the insurance policy that provides this coverage are listed below:

Insurance Company: _____ Policy number: _____

Insurance agent (name & contact info): _____

Applicant's signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

(if student is under 18)

Please attach a photocopy of your insurance card to this form.