

Office of International Health, Safety & Security
Travel Medical Insurance Verification

To the Student: Final approval of your international travel registration is contingent upon verification of adequate overseas medical insurance coverage. You must purchase Travel Medical Insurance (TMI) through UKIC or verify that you have coverage that meets UK's minimum requirements using this form.

UK Minimum TMI Coverage Requirements:

- \$200,000 Benefit for Injury or Sickness while Overseas
- \$50,000 Benefit for Medical Evacuations
- Emergency Evacuation Coverage (e.g., natural disaster, act of war, etc.)
- \$20,000 Benefit for Repatriation of Remains
- \$7,500 Benefit for Accidental Death and Dismemberment

Name of Student	Student ID#	Phone
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Name of Policy Holder (if different from student) _____ Student ID# or SS# _____ Phone _____

Name of Insurance Company _____ Policy Number _____

Education Abroad Program	Country/Countries

Earliest Possible Date of Departure from U.S.	Latest Possible Date of Return to U.S.
12/1/2020	12/1/2020
12/2/2020	12/2/2020
12/3/2020	12/3/2020
12/4/2020	12/4/2020
12/5/2020	12/5/2020
12/6/2020	12/6/2020
12/7/2020	12/7/2020
12/8/2020	12/8/2020
12/9/2020	12/9/2020
12/10/2020	12/10/2020
12/11/2020	12/11/2020
12/12/2020	12/12/2020
12/13/2020	12/13/2020
12/14/2020	12/14/2020
12/15/2020	12/15/2020
12/16/2020	12/16/2020
12/17/2020	12/17/2020
12/18/2020	12/18/2020
12/19/2020	12/19/2020
12/20/2020	12/20/2020
12/21/2020	12/21/2020
12/22/2020	12/22/2020
12/23/2020	12/23/2020
12/24/2020	12/24/2020
12/25/2020	12/25/2020
12/26/2020	12/26/2020
12/27/2020	12/27/2020
12/28/2020	12/28/2020
12/29/2020	12/29/2020
12/30/2020	12/30/2020
12/31/2020	12/31/2020

To the Student/Policy Holder or Insurance Company Representative: Please verify the health and accident coverage of the above named person with this policy while studying/traveling overseas during the dates listed above. **Please initial that the above policy meets the minimum listed requirements:**

Benefit per Injury or Sickness while overseas (UK required minimum \$200,000)

_____YES _____NO
Initial Initial

Benefit for Medical Evacuations (UK required minimum \$50,000)

Initial _____ YES Initial _____ NO
Initial _____ Initial _____

Benefit for Repatriation of Remains (UK required minimum \$20,000)

Initial _____ YES Initial _____ NO
Initial _____ Initial _____

Benefit for Accidental Death and Dismemberment while overseas (UK required Minimum \$7,500)

_____YES _____NO
Initial Initial

Benefit for Emergency Evacuation (e.g. natural disaster, outbreak of war, etc.)

Initial _____ YES Initial _____ NO
Initial _____ Initial _____

Please check if any of the following **exclusions** apply:

☐ Pre-existing conditions ☐ Accidents while intoxicated ☐ Injuries resulting from acts of terrorism

I certify that _____ provides all the above-mentioned minimum coverage for the period _____
Name of Insurance Company (Underwriter)

from ____ / ____ / ____ to ____ / ____ / ____ . Company Address: _____

Phone _____ Fax: _____ Email: _____

_____ Signature of Insurance Representative	_____ Printed Name & Title	_____ Date
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IF COMPLETED BY STUDENT (if over age 18) OR POLICY HOLDER

I acknowledge that it is my sole responsibility to assure that the private insurance coverage I have selected is adequate for my needs, and I assume any and all risk associated with the both the selection of the insurer and the limits and types of coverage I have selected.

Signature of Student (or parent if under age 18)

Printed Name

Date