



Proof of Medical Insurance Form

Whitman College requires all students to be covered by illness and accident insurance **while in the U.S. and during studies overseas on affiliated programs.**

If you have insurance coverage other than the Whitman Student Group policy, check with your insurance company to ensure that you will be covered **both in the U.S. and abroad for the duration of your period abroad, including travel before the program begins and after the program ends.**

For students maintaining private insurance the complete information requested below is essential. The student should be provided an insurance ID card, and must remain knowledgeable of provisions, coverage, preferred points of service and any particular requirements of access.

INSURANCE COVERAGE IN THE U.S. (select one)

- I am **currently** on the Whitman College sponsored accident/illness insurance coverage and wish to continue that coverage.
- I wish to **newly** purchase Whitman College sponsored accident/illness insurance coverage.
- I will be insured for health and accident insurance by the following (such as coverage thru parent's employer):
 Name of Insurance Company _____
 Name of Subscriber: _____
 Group Plan #: _____ Claim Phone #: _____

INSURANCE COVERAGE OVERSEAS (select at least one)

- I will be covered by _____ (name of insurance company) offered by my **Study Abroad Program**. Note that your coverage may begin and end on the program dates and exclude coverage outside those dates if you travel independently before returning to the U.S.
- Prior to departure** I will purchase international medical insurance of my choice to cover me for the duration of the period I am abroad. I will be covered by _____ (name of insurance company). For a partial list of possible options see the Whitman College Study Abroad web site at http://www.whitman.edu/study_abroad/content/Health_and_Safety/medical%20insurance.cfm
- I am **currently** on the Whitman College sponsored accident/illness insurance coverage and wish to continue that coverage. I understand that the Whitman sponsored insurance has no preferred providers outside the U.S. and it covers only 60% or less of medical expenses abroad. **For more complete insurance coverage abroad, the College recommends purchasing additional international medical insurance** (see the Whitman College Study Abroad web site at http://www.whitman.edu/study_abroad/content/Health_and_Safety/medical%20insurance.cfm)
- I will be insured for health and accident insurance overseas by my U.S. insurance listed above.

Signature of Student

Date

Name of Student (please print)

WID#

Program Name/Location: _____

(Return form to the Study Abroad Office.)