WHITMAN COLLEGE 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 an international faculty-led trip**.

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*)

☐ **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 our OCS web site at http://www.whitman.edu/content/ocs/health-and-safety/medical-insurance

☐ 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.** For a partial list of possible options see our OCS web site at http://www.whitman.edu/content/ocs/health-and-safety/medical-insurance

☐ 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#**

_____ _____

Name of Trip **Start Date and End Date of Trip**