



STUDY ABROAD HEALTH INSURANCE COVERAGE FORM

All students studying abroad must complete this entire form and submit it at the first orientation meeting. Students who fail to submit the Study Abroad Health Insurance Coverage form will not be officially approved by the University of Chicago to study abroad.

Student Name: _____

As a participant in the _____ Study Abroad program through the University of Chicago, I acknowledge and accept the University's policy that requires me to have comprehensive health insurance for the time that I am abroad. Therefore, I elect one of the following options:

I am covered by the University of Chicago Student Health Insurance Plan (U-SHIP).

I am covered by a comparable non-University of Chicago health insurance policy, **which I have verified is valid in the program country.**

Insurance Provider: _____

Policy number: _____

*****A parent signature is required, regardless of study abroad participant's age.*****

I am the parent/legal guardian of the student and have read this form. I certify that this insurance is valid overseas.

Parent/Legal Guardian Signature: _____ Date: _____

Printed Name of Parent/Legal Guardian: _____

I am 18 years of age or older. I have read and fully understand the above and I voluntarily sign this Agreement.

Student's Signature: _____ Date: _____

Printed Name of Student: _____

Please note: This form does not function as the University's insurance registration/waiver form. Students subscribing to or waiving the University's insurance do this as a separate on-line operation.