



STUDY ABROAD HEALTH INSURANCE COVERAGE FORM

All students studying abroad must complete this entire form and submit it at the first pre-departure meeting. Students who fail to submit the Study Abroad Health Insurance Coverage form will not be eligible 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 be covered by U-SHIP or a comparable US-based health insurance policy, which provides comprehensive coverage for routine, urgent, and emergency care in the program country. Accordingly, I confirm the following:

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

[] I am covered by a comparable US-based health insurance policy, which provides comprehensive coverage for routine, urgent, and emergency in the program country.

Insurance provider: _____

Policy holder name: _____

Policy number: _____

If you are on a parental health insurance policy, a parent signature is required.
I am the parent/legal guardian of the student and have read this form. I certify that this health insurance policy meets the criteria above.
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 part of the University's regular enrollment process.

For more information about comprehensive health insurance coverage abroad, please see the Study Abroad website: http://study-abroad.uchicago.edu/health-safety/insurance