

ULM STUDENT HEALTH & ACCIDENT INSURANCE COVERAGE
(International Travel Only)

► **Completed forms must be turned in to the full-time staff advisor no less than 72 hours before the event.**

All participants in the University of Louisiana at Monroe study/travel abroad program **must** have approved international health and accident insurance that **includes coverage for emergency evacuation and repatriation of remains.**

I understand that I am solely responsible for maintaining such coverage and that the University of Louisiana at Monroe has no responsibility to provide such services or benefits on my behalf.

I, _____, have reviewed my health and accident insurance coverage and certify that I will be covered while I am on this international trip with the University of Louisiana at Monroe to:

[List all countries you plan to visit]

Participant Printed Name	_____
Participant Signature	_____
Participant CWID#	_____
Local Address	_____
	City _____ State _____ Zip _____
Local Phone (____)	_____ Cell phone (____) _____

Parent or Legal Guardian Signature _____	(Signature required if Participant is less than 18 years old)
Local Phone: (____) _____	Cell phone: (____) _____

*Insurance Company _____	
Policy Number _____	Expiration Date _____
* Attach a copy of the section of your insurance policy that explains its international travel coverage and medical evacuation and repatriation information.	

A completed **COPY** of this form is to be taken on the trip. The **ORIGINAL** is to be kept in the sponsoring department's office.