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**HEALTH INSURANCE STATEMENT**

NAME \_\_\_\_\_ PROGRAM \_\_\_\_\_

**It is imperative that all Columbia State International Education participants have health insurance while abroad.**

**PRIVATE HEALTH INSURANCE**

It is best that you have a comprehensive health insurance policy and are covered by it during the period of the program abroad. It is your responsibility to verify that your policy will cover you while abroad. Some do not. If you will have private health insurance during the program, please provide the following information.

Policy Number \_\_\_\_\_

Group Policy Number \_\_\_\_\_

Issued To \_\_\_\_\_

By \_\_\_\_\_  
(Name of Insurance Company)

Contact Information \_\_\_\_\_  
(Telephone Number & Address)

**Important Note:** Your private insurance policy will not pay expenses directly to the health care provider (doctor or hospital) abroad. This means that you are responsible for paying all health expenses up front in cash, and for keeping all medical records and receipts to submit to your insurance company upon return for reimbursement. **BE PREPARED BY KNOWING YOUR INSURANCE GUIDELINES!**

I am covered by a private policy during the program abroad.

I am not covered by a private policy while abroad.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date