
I hereby certify that I am covered by International Health Insurance that provides coverage I have determined to be adequate and satisfactory for my needs while I am participating in a LU Faculty -led Course Program/US University Study Abroad or a University Abroad Program.

I acknowledge that it is my sole responsibility to research and make provisions to obtain Repatriation of Remains (RR) coverage and possible to obtain supplemental Emergency Medical Evacuation (EME) insurance coverage.

I further acknowledge that I understand both the coverage and the procedures to follow if something should occur.

PRINT NAME: _____

LU STUDENT ID: _____ DATE: _____

Study Abroad Program: _____

INTERNATIONAL HEALTH INSURANCE COVERAGE

Insurance Company: _____

Policy Number: _____

Phone Number: 1 (B B B B B B B) B B B B B B B B B B B B B B B B

INTERNATIONAL REPATRIATION INSURANCE COVERAGE

Insurance Company: _____

Policy Number: _____

Phone Number: 1 (B B B B B B B) B B B B B B B B B B B B B B B B

Student Signature: _____ Date: _____

Attach Proof of International Health and Repatriation Insurance Coverage

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and Study Abroad