



University of Missouri-Columbia
The International Center
Study Abroad

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COMPREHENSIVE HEALTH INSURANCE VERIFICATION FORM

An important, but often overlooked, part of the study abroad program is arranging for comprehensive health insurance coverage. Having appropriate insurance coverage is imperative, because without it, you may end up with costly health care bills long after your study abroad experience is over. Many students assume that the health coverage they have in the United States, whether under their parents' plan or their own, will cover them overseas as well. This often is not the case, as many policies have strict coverage limitations, or only cover medical emergencies abroad. **The International Center, on behalf of the University of Missouri, requires that all students who study abroad provide proof that they have health insurance coverage that matches or exceeds the coverage provided by MU Study Abroad Sickness and Accident Insurance through HTH Worldwide (see enclosed brochure), prior to their departure for study abroad.** A guide to evaluating the effectiveness of your existing health plan in the context of study abroad is included with this package.

In order to provide us with this proof, please complete and sign the attached form. **You must submit the form to the MU International Center by March 16th, 2007 as proof of your health insurance coverage.**

If you do not have health insurance, or find that your current health insurance plan does not cover care overseas or only covers emergencies, then you will need to purchase HTH Worldwide Sickness and Accident Policy for Study Abroad, a policy that was created especially for study abroad students from the four University of Missouri campuses. Detailed information about the HTH Worldwide policy is included in this packet. **Remember, you must use the University of Missouri code "CBK-2348" in order to enroll of the HTH Worldwide insurance policy that is endorsed by the University of Missouri.** If you purchase the HTH Worldwide policy because your current plan will not cover you abroad, you should still maintain your current U.S. health insurance policy. This is due to the fact that the HTH Worldwide insurance, like other insurance plans for study abroad, is only valid for the period of time spent outside the United States. If continuous coverage in the United States is not maintained, any accidents or illnesses abroad could be considered as pre-existing conditions, and render it more difficult to obtain affordable coverage back home after studying abroad.

The International Center will provide you with an International Student Identity Card (ISIC) once you have paid the Study Abroad administrative fee, completed the necessary application form, and attached photo. The card, which is offered by STA Travel, provides limited hospitalization, accident, death and dismemberment, repatriation of remains and medical evacuation insurance, in addition to travel and touring discounts worldwide. **Please note that the coverage offered thorough the ISIC insurance plan is extremely limited and does not fulfill the MU comprehensive health insurance coverage requirement.**

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**COMPREHENSIVE HEALTH INSURANCE COVERAGE FOR STUDY ABROAD
 VERIFICATION FORM**

Student name: _____ Student number: _____

Study abroad program: _____

Term(s): Winter Intersession 2007 Spring 2007 Summer 2007 Fall 2007
 Full Year 2007-08

By completing and signing this form, you are certifying that you have or will have secured comprehensive health insurance that will provide coverage to, from, and within the host country in which you will be studying as well as any additional countries to which you might travel before, during, or after your program. Please check one of the two boxes below:

I certify that I am covered by a comprehensive health insurance policy* by the following health insurance company(ies) for the duration of my time abroad.

Please provide the following information for the policy that will cover you. If you have any additional information to add, please feel free to attach it to this form.

Student name: _____

Policy number: _____

Company name: _____

Company Address: _____

City, State, Zip: _____

Company Phone: _____

Company Fax: _____

Dates covered: _____

* Either the MU Study Abroad Sickness & Accident Insurance through HTH Worldwide or equivalent.

I plan to purchase the MU Study Abroad Sickness and Accident Insurance through HTH Worldwide at <http://www.hthstudents.com>, using code CBK-2348.

 Signature of Student

 Date