



INSURANCE AUTHORIZATION FORM

(To be completed by parent/guardian or policyholder)

Student's Name _____ CMC ID #: _____
Program _____ Study Site _____

All students going abroad are required to have basic medical and accident insurance coverage in addition to the International Student ID Card (ISIC) while en route and for the duration of their off-campus study periods.

Many study abroad programs include medical insurance, while others require that students have their own insurance. Please contact your study abroad program to determine whether or not this coverage is included.

If the study abroad program does not include the required medical coverage, your personal health insurance plan may provide coverage while abroad. Many plans, however, only provide coverage in the United States. Students and/or policyholders should contact their personal insurance carriers to see if they are covered while abroad.

If neither the study abroad program nor your personal insurance covers your student while abroad, you must purchase a short-term international health insurance plan.

Claremont McKenna College cannot recommend an insurance provider, however students have used the following providers in the past:

CISI	http://www.culturalinsurance.com/
HTH Worldwide	http://www.hthstudents.com
International SOS	http://www.internationalsos.com
Medex	http://www.medexassist.com
Wallach & Company	http://www.wallach.com

This listing does not constitute an endorsement of any policy on behalf of the College. Details about specific insurance plans should be obtained directly from insurance providers. Regardless of the type of policy that covers your student, it is important that he or she knows how to file insurance claims abroad. **Please share this information with your student.**

CHECK ONE BOX:

- My student's study abroad program includes the required medical insurance coverage.
- I certify that my student is adequately covered by our personal medical insurance while abroad.
- I have purchased or plan to purchase a short-term international health insurance plan.

Signature

Date

Printed Name

Relationship to Student