

Overseas Academic Programs administered by the University at Albany

Term Abroad: summer fall spring academic year winter other: _____

Name: _____ Date of birth: _____

Last First

Location abroad (country/host university) _____

Home campus: Albany / Albany ID# 000 _____ non-SUNY or other SUNY Male FemaleIntended date of departure: _____ Intended date of return: _____
Month / Day / Year Month / Day / Year

Health and accident insurance is required of all State University of New York study abroad program participants. We strongly advise that you have a policy that is designed especially for students studying abroad. If you wish to use your own policy, it must minimally include basic medical and accidental death and dismemberment coverage. All coverage must be in effect for the entire period you are away from home. If you do not have such coverage under your own or your family's plan, then you must purchase the insurance provided by SUNY.

You may want to purchase the SUNY policy even if you have other medical coverage and even if your specific program materials indicate that health insurance is provided by the host university. Host university policies may only cover you in that particular country. **You may also wish to keep your present health insurance coverage in effect as the SUNY policy for study abroad covers you only while you are abroad** and will not cover you in the country where you are a citizen unless you have a green card and live in the U.S.A.. Other restrictions and more information can be found on-line following the links for "current participants" at www.albany.edu/studyabroad

MEDEX insurance (providing medical emergency assistance and medical evacuation and repatriation coverage) is required of all students. MEDEX is automatically included in the full SUNY policy.

It is billed to you as a separate item if you are approved for a waiver of the full SUNY-approved policy.

Full SUNY coverage including MEDEX costs approximately \$79.25 per month; MEDEX alone, about \$6 per month. Prices are subject to change every August 15th. The Estimate of Costs for your program was probably made before that date and gives you an approximate cost for this coverage; therefore, your bill may be a bit higher.

If you do not return this form and supply the necessary documentation to be granted a waiver, you will automatically be covered under the full SUNY plan and will be responsible for paying for it, even if your own policy's coverage was adequate.

To request a waiver, select A and return this form at least one month prior to the start of your program. If your program already includes a mandatory host university health plan but you wish to supplement it with the SUNY plan, select B. You do not need to send any further documentation.

A. _____ **I wish to be exempted from purchasing the required SUNY Health Insurance Plan** because I believe that I have comparable insurance coverage. I wish to purchase only MEDEX. I understand that if my medical insurance is found not to meet SUNY requirements, I will be required to purchase the full SUNY policy.

The insurance is provided through policy number _____ issued by the _____ Insurance Company.

This is the phone number of the company _____, in case there are questions.

*******FOR A WAIVER, YOU MUST SUBMIT BOTH OF THE ITEMS BELOW*******

_____ I have attached documentation from the company that shows I will be covered while abroad AND

_____ I have attached a copy of the front and back of the insurance card, showing the name of the covered student.

B. _____ **I wish to purchase the full SUNY International Health Insurance Plan, including MEDEX.**

Student's Signature

Date

Parent/Guardian's Signature (required if student is under 18 years of age)

Date

1/26/09