

MIDDLE TENNESSEE STATE UNIVERSITY
International Programs and Services Office
Proof of Insurance

Name: _____ Program _____

This is to state that policy number: _____ has been issued to _____

by _____

(Name of Insurance Company)

providing insurance protection for medical emergencies during travel abroad. This policy will be in full force and effect during the time of enrollment in your study abroad program.

Does the above policy cover these expenses incurred in another country? →	Sickness/hospitalization?	___yes	___no
	Doctor's visits	___yes	___no
	Medical evacuation ?	___yes	___no
	Repatriation of remains?	___yes	___no

**Please indicate your medical insurance carrier's procedure for handling claims in the event that you require medical care while overseas:*

___ *I must pay cash to service provider and submit paid receipts to insurance company for reimbursement.*

___ *The insurance company will deal directly with medical service provider in another country.*

___ I am not covered by private insurance and will accept the minimum coverage offered by the International Student Identity Card (see Part I of the Information Packet).

Participant's Signature

Date

* It is important to be aware of what procedures for payment/reimbursement will be required by your particular medical insurance company. Most U.S. companies will not make payment directly to a foreign doctor or hospital. In the event of illness or accident, students must be prepared to pay cash to the foreign doctor or hospital, and be responsible for obtaining receipts to submit for reimbursement by their U.S. medical insurer. **BE PREPARED BY KNOWING YOUR INSURER'S GUIDELINES!**

Please Return Form to the International Programs and Services Office in the Cope Administration Building Room 202.