

STATE UNIVERSITY OF NEW YORK
Overseas Academic Programs

REQUEST FOR WAIVER OF INSURANCE FOR STUDY ABROAD

RETURN TO SUNY POTSDAM, INTERNATIONAL EDUCATION & PROGRAMS, SISSON HALL, 44 PIERREPONT AVENUE, POTSDAM, NY 13676 or by fax 315-267-4890 or by email attachment to international@potSDam.edu.

PLEASE TYPE OR PRINT.

Name: _____
Last First Middle

Program: _____
Location Abroad Administering Campus

Date of Birth: _____ Sex: _____ Citizenship: _____
Mo/Day/Yr

Date of Departure: _____ Date of Return: _____
Mo/Day/Yr Mo/Day/Yr

Health and accident insurance is **required** of all State University of New York study abroad program participants. We strongly advise a policy that is designed especially for students studying abroad. Such a policy should minimally include overseas urgent and emergency medical care and accidental death and dismemberment coverage. Medical evacuation and repatriation coverage is also required. The coverage must be in effect for the entire period away from home. Those who do not have such coverage must purchase the insurance provided by SUNY.

All students are required to purchase the MEDEX rider, as it includes evacuation for other than medical reasons. Complete descriptions and current costs of the SUNY International Student and Scholar Health Insurance Plan and the MEDEX Medical Evacuation, Repatriation and Security Rider are available by contacting SUNY Potsdam's International Education & Programs office.

_____ I wish to waive the SUNY International Student and Scholar Health Insurance Plan because I have comparable insurance coverage. I understand that if my medical insurance is found not to meet SUNY requirements, I will be required to purchase the appropriate SUNY coverage.

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

_____ I have attached documentation from the company that I will be adequately covered for urgent and emergency care during my entire program and that payment of claims can be made for medical expenses incurred abroad.

AND

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

Unless you are granted a waiver of insurance for study abroad, you will be enrolled and charged for the SUNY International Student and Scholar Health Insurance Plan (which includes the MEDEX Medical Evacuation, Repatriation and Security Rider).

Student's Signature

Date

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

Date

Revised December 2011