



PROOF OF INSURANCE FOR TRAVEL ABROAD

To the insurance company:

Saint Louis University requires all its students traveling to a foreign country on University-related business to have appropriate insurance coverage for the time they are abroad. Below you will find the personal information for one of our students insured through your company who is planning on spending a specific amount of time in a foreign country:

Name of the student: _____

Insurance provider: _____

Policy number: _____ Group name/number: _____

City of destination: _____ Country: _____

Purpose of trip abroad: (please, mark all that apply)
 Study/Research Conference Service work
 Sports tournament Other: _____

Departure date: _____ Return date: _____

I hereby authorize the insurance company specified above to release the information on my coverage requested below to the International Center of Saint Louis University:

_____ _____ _____
Date Signature (Policy holder) Signature (Dependent)

We would like to request you to complete the following section of this form based on the coverage provided to the individual above by your company and return it to the International Center at the above address or fax number. Thank you very much in advance for your assistance.

To be Completed by Insurance Company Official

Covered Categories	Minimum Coverage Required by Saint Louis University	Coverage provided by private insurance
Medical	\$100,000	
Accidental Death & Dismemberment Occurrence	\$200,000	
Accidental Death & Dismemberment Aggregate	\$400,000	
Medical Evacuation	\$100,000	
Repatriation of Remains	\$50,000	
General Liability	\$1,000,000	
Coinsurance, Personal Effects, Pre-existing Conditions, Occupational	None	
Medical Deductible per Occurrence	\$250	

Name: _____ Title: _____
Telephone number: _____ Date: _____



WAIVER REQUEST FOR TRAVEL INSURANCE

Dear student going abroad:

Every Saint Louis University student going to a foreign country in any SLU-affiliated or non-SLU affiliated program, whether to study or otherwise, is required to have adequate insurance coverage for the length of the time abroad. That insurance must cover the student while abroad for the following situations:

- * Travel from the United States to the foreign destination.
- * Visits to a local doctor due to illness and/or a chronic condition.
- * Accidents or emergencies.
- * Medical evacuation and repatriation of remains.

After careful research, the university has selected a travel insurance plan through AIG that provides appropriate coverage for the above scenarios for \$1.49 a day.

Please note that **you will be required** to purchase this plan unless you believe that your own insurance policy provides equal or better coverage to that offered by the University's plan. In that case, **you must fill out the waiver request section below and submit it to the International Center, together with the attached Proof of Insurance form properly completed by your insurance company.** Both items must be submitted together.

Students attending the **MADRID CAMPUS** will get insurance through SANITAS automatically. Therefore, in order to meet the University's insurance requirement, they **must obtain** the International Student ID Card.

WAIVER REQUEST for TRAVEL INSURANCE

I hereby certify that I will have adequate travel, health, accident, medical evacuation and repatriation of

remains insurance in effect while abroad in: _____
City Country

Student's Name: _____

Insurance Provider: _____

Provider' Address: _____

Provider's Telephone: _____ Contact Person: _____

Policy Number: _____ Group number: _____

Signature: _____ Date: _____

The International Center reserves the right to accept or deny your request for an insurance waiver based on the information you present.

Complete Back 