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I hereby certify that I am covered by International Health Insurance that provides coverage I have determined to be adequate and satisfactory for my needs while I am participating in a LU Faculty -led Course Program/US University Study Abroad or a University Abroad Program.

I acknowledge that it is my sole responsibility to research and make provisions to obtain Repatriation of Remains (RR) coverage and possible to obtain supplemental Emergency Medical Evacuation (EME) insurance coverage.

I further acknowledge that I understand both the coverage and the procedures to follow if something should occur.

PRINT NAME: \_\_\_\_\_

LU STUDENT ID: \_\_\_\_\_ DATE: \_\_\_\_\_

Study Abroad Program: \_\_\_\_\_

**INTERNATIONAL HEALTH INSURANCE COVERAGE**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone Number: 1 ( B B B B B B B ) B B B B B B B B B B B B B B B B

**INTERNATIONAL REPATRIATION INSURANCE COVERAGE**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone Number: 1 ( B B B B B B B ) B B B B B B B B B B B B B B B B

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach Proof of International Health and Repatriation Insurance Coverage**

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and Study Abroad