

**Park University  
Office of International Affairs and Education  
Study Abroad Handbook**



**Health Insurance Coverage for Study  
Abroad Verification Form**

**FOR STUDENT TO COMPLETE:**

Name \_\_\_\_\_ Student ID \_\_\_\_\_

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

Semester \_\_\_\_\_ Year \_\_\_\_\_

**I grant permission for my insurance provider to complete the form below regarding my health insurance.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR HEALTH INSURANCE PROVIDER:**

**Please provide the following information for the above –named student who is planning to participate in a Park University Study Abroad Program. If you have any additional information you would like to add, please feel free to attach this form. Thank you for your assistance.**

Student name \_\_\_\_\_

Policy number \_\_\_\_\_

Insurer \_\_\_\_\_

Insurer address \_\_\_\_\_

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Phone \_\_\_\_\_

Fax \_\_\_\_\_

Countries covered \_\_\_\_\_

Dates Covered \_\_\_\_\_

**Policy Maximums:**

Medical Expense \_\_\_\_\_

Emergency Medical Transportation/Repatriation of Remains \_\_\_\_\_

Accidental Death & Dismemberment  
\_\_\_\_\_

**I certify that the above-named student is covered by this health insurance company in the countries listed above during the dates listed above.**

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Health Insurance provider Signature

Date

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**Please return completed form to: Park University  
Office of International Affairs and Education  
8700 NW River Park Drive, Box 96  
Parkville, Missouri 64152  
Fax (816) 505-5420**