

Student Insurance Verification & Travel Itinerary

HBU H#		_ Course / Trip Title		
Full Legal Na	ame			
accident insur by a personal while traveling overseas as w ype of insura emergency me	rance coverage for all students / family health insurance policing abroad and make sure you knell as any policy exclusion regance with a recommended coveredical evacuation, repatriation	l evacuation & repatriation, repatricipating in study abroad proy, check with the company to ensure the company to ensure the company to ensure the conditions and mental rage of \$100,000 or more. Insuration fremains, health and accidental tion and trip insurance coverage.	grams. If you are curr sure you will be covere ed to file a claim for ex health. Many compan nce should be sufficier	rently covered ed adequately spenses incurred sies provide this nt to cover
	Т	entative Travel Itinerary		
Summarize	your travel by providing the d	eparture and arrival times startir	ng with Houston.	
Date Please Notify	Departure Location / Time the Provost Office if there is an	Arrival Location / Time Arrival Location / Time	Airline hedule.	Flight Number
program. The duration of t	cify that I have read and understoo herefore, I have obtained and can pu his trip:	cation of Insurance Statement d the required insurance coverage gurovide documentation for the followi	uidelines for my service ong overseas insurance co	overage for the
determined t	I hereby certify that I am covered to be adequate and satisfactory for	Policy Number with health insurance that provides r any injury or illness that might befal ropriate to verify this coverage and i	ll me while I am particip	have ating in this
Print Name		Signature Date		ate