

STATEMENT OF INSURANCE COVERAGE

It is a requirement of all Cultural Vistas programs that participants be covered by health insurance for the entire duration of their stay in the host country. To ensure that all participants are covered throughout the duration of their time abroad, Cultural Vistas requires that all participants purchase our Envisage Global Insurance policy (currently \$65 per month). Students who are required to purchase equivalent international health insurance from their university may request to waive this requirement by providing proof of insurance enrollment and a letter from their university confirming coverage.

Please check the appropriate option below, sign and date this statement, and return it to us.

As a participant in a program sponsored by Cultural Vistas:

Option 1:

I hereby verify that: (1) I am required to purchase international health insurance through my university. A copy of my insurance card and a letter from my university confirming my enrollment in their mandatory international health insurance plan is attached. (2) I have verified with my insurance company listed below that this coverage will be accepted while I am abroad. My insurance policy carrier is:

Insurance Name:

Address:

Telephone:

Policy No.:

Option 2:

My university does not require me to purchase international health insurance as outlined above. I elect to purchase health insurance through Cultural Vistas at a cost of \$65 per month. Please enroll me in international health insurance for the dates below. (Please feel free to request coverage information in advance.)

Coverage Dates:

A check payable to "Cultural Vistas" in the amount of \$65 x no. of program months is enclosed.

I would like to pay with a credit or debit card. Please email me an invoice for the coverage dates above, so that I can submit my payment online.

I further acknowledge that I am responsible for any medical costs I incur that are not explicitly covered by the insurance required for the program, including, but not limited to, prescription medications, pre-natal care, physical therapy, any pre-existing conditions, and psychological counseling. Cultural Vistas bears no liability for any financial obligations that I may incur as a result of expenses not covered by the insurance required by the program.

Signature: _____

Name:

Date: