Confirmation of Health & Travel Insurance Coverage While Abroad

What do you know about health and travel insurance?

Provincial health care coverage plans including Alberta Health Care Insurance Plan (AHCIP) for Alberta residents only cover a portion of medical costs while abroad and therefore provide INSUFFICIENT coverage for students traveling, living, studying or working abroad. It is therefore necessary to purchase supplementary travel and health insurance for the duration of your time abroad.

When traveling abroad, you should be aware of four general types of insurance coverage that you can obtain: medical insurance, travel insurance, trip cancellation insurance and personal effects insurance. It is MANDATORY for students participating in Education Abroad office administered programs to provide evidence of a required minimum level of HEALTH and TRAVEL insurance. Insurance regarding trip cancellation and personal effects is not mandatory.

What is adequate health and travel insurance coverage?

The Education Abroad Program requires that your insurance coverage meets the minimum benchmarks below and that you are covered from the day you leave Edmonton to the day (or 2 days after) you arrive back at home after your program. This form will provide you with information about the sufficient levels of coverage that we require you to have when participating in a formal study and work abroad program.

While some host universities (like in Australia and New Zealand) require that you purchase their health insurance policies while studying there, this may be adequate for your time while in that country, however, we require that you are covered while in transit when you travel from Canada to your host country and then back to Canada. In addition we require you to have adequate health and travel insurance when traveling to third party countries from your host country.

The Education Abroad Program can give some examples of comparable insurance programs for students going abroad. For more information, please contact the Education Abroad Program at 780-492-3600 or www.goabroad.ualberta.ca

Please complete the form on reverse side of this page to ensure that your travel and health insurance meets the minimum levels of insurance required by the Education Abroad Program.
Confirmation of Health & Travel Insurance Coverage While Abroad

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of managing the consent for disclosure of personal information process. To rescind or change the scope of your permission(s) simply contact the Education Abroad Program by phone: 780-492-3600 or by mail: 142 Telus Centre, 87 Ave. & 111 St, Edmonton, AB Canada T6G 2R3

Name:__________________________  Student ID:_____________________________

Host University & Country ________________________________________________

Duration of Program Abroad:  Month/Year to Month/Year

Name of Travel and Health Insurance (ie. Travel Cuts, Blue Cross, Sun Life):
________________________________________________________________________

Is this coverage under your name or are you covered by parent/guardian/spouse/other insurance policy (please specify): ____________________________________________

My health and travel insurance covers the following:

- Provides coverage from the day I leave Edmonton to a couple of days after I return to Edmonton:
  Please check □ Yes  □ No
- Provides coverage if I am to travel to third party countries from my host country
  □ Yes  □ No
- Provides coverage while in transit to third party countries when traveling from your host country
  □ Yes  □ No
- Provides coverage in your host country
  □ Yes  □ No
- Covers the following:
  - Hospital Services □ Yes  □ No
  - Physician’s Fees □ Yes  □ No
  - Psychiatric Treatment □ Yes  □ No
  - Prescription Medication □ Yes  □ No
  - Medical Equipment & Supplies □ Yes  □ No
  - Emergency Transport and air evacuation □ Yes  □ No
  - Accidental & Emergency Dental care □ Yes  □ No
  - Accidental Death & Dismemberment □ Yes  □ No
  - Repatriation or Burial of Deceased □ Yes  □ No

By completing and signing this form, I understand that I am responsible for ensuring I have adequate travel and health insurance when participating in a formal program abroad administered by the Education Abroad Program.  I herby certify that all information given in this form is complete and true in all aspects and that my health and travel insurance meets the above minimum requirements of coverage as stated above.

Name __________________________________________________________________

Signature___________________________________ Date ________________________