

INSURANCE STATEMENT

Name of Student _____
(please print)

Program Semester

It is the responsibility of the student and the student's parents (or legal guardians) to ensure that the student is adequately covered by health insurance during the student's stay abroad. The student's health insurance must cover the location, the length of stay, and any possible medical treatments including (but not limited to) accident and sickness.

Please review your existing health insurance policy to determine whether it contains adequate coverage (e.g. Is it limited to U.S. doctors or facilities? Will it cover the full length of the stay abroad? Does it cover mental health?) You should supplement your policy as necessary, choosing any insurance carrier you wish. Notre Dame's department of Risk Management and Safety, after reviewing a number of possible providers, has chosen to provide families of Notre Dame students studying abroad with information on health insurance from HTH Worldwide. For further information regarding HTH's policy, please visit the HTH website:

<http://www.hthstudents.com>

Once at the site, on the left column under the box asking for a group access code, type in **BGP-1982** for semester-long programs and **BIT-2309** for short-term programs. You can enroll for coverage right on line. If you any have questions regarding HTH's policy, please contact Notre Dame's Risk Management and Safety office at 574-631-5037.

Please sign and return this statement to the Office of International Studies. Be sure to keep a copy for your records.

I herewith certify that I am covered by accident and sickness insurance which will be valid and in force during the entire period of my stay abroad. I will take proper claim forms abroad with me.

The name of my insurance company is _____

The address to which claims are to be sent is _____

Signature of Student Date Signature of Parent Date

Return to: Office of International Studies
152 – 153 Hurley Hall
Notre Dame, IN 46556