

## INSURANCE CONFIRMATION FORM

### Must be completed and signed by the policy holder

HMC requires study abroad students to have personal comprehensive medical and accident insurance coverage at least equal to the coverage provided by the Claremont Colleges [Student Health Insurance Plan \(SHIP\)](#). Though SHIP covers students participating on study abroad programs, it is the responsibility of the student to verify there have been no changes in such coverage. The required coverage may also be part of a family insurance plan or may be an individual policy. Whichever plan the policy holder chooses to indicate on this form, we suggest consulting an insurance professional to determine the coverage best suited for the needs of the student (*you may also wish to inquire about supplemental insurances such as dental, vision or mental health*). **Note:** Some program providers include insurance coverage as part of the program. You may refer to the provider's website for details about their health coverage.

In addition to their personal insurance and/or provider insurance, students will also have access to the iNext **Basic** plan provided by Harvey Mudd College. This supplemental coverage is not a comprehensive medical and accident insurance policy but rather a compliment to the student's personal insurance by providing emergency evacuation assistance and other services. For more information about insurance coverage, as well as health and safety, please visit [Information and FAQs for Families](#).

### Policy Holder:

Before completing this form, check your insurance policy to insure your student is adequately covered both en route and for the entire duration of the period abroad. Give your student all information and forms necessary to file claims from abroad. In most cases, doctors and hospitals abroad will require payment in advance; the insurance company will then reimburse the policy holder for the expenses documented with receipts.

### INSURANCE COMPANY INFORMATION

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Type of Coverage \_\_\_\_\_

(accident, medical, mental health, prescription etc.)

Policy and Group number \_\_\_\_\_

### POLICY HOLDER INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

This is to certify \_\_\_\_\_ (print full name of student) is adequately covered by comprehensive medical and accident insurance during the period the student is abroad and en route to the study abroad location.

Signature of policy holder \_\_\_\_\_ Date \_\_\_\_\_