



LAMAR UNIVERSITY  
A Member of The Texas State University System

## Global Studies and Study Abroad

### Proof of International Health and Repatriation Insurance

Form #4

I hereby certify that I am covered by International Health Insurance that provides coverage I have determined to be adequate and satisfactory for my needs while I am participating in a LU Faculty-led Course Program/US University Study Abroad or a University Abroad Program.

I acknowledge that it is my sole responsibility to research and make provisions to obtain Repatriation of Remains (RR) coverage and possible to obtain supplemental Emergency Medical Evacuation (EME) insurance coverage.

I further acknowledge that I understand both the coverage and the procedures to follow if something should occur.

PRINT NAME: \_\_\_\_\_

LU STUDENT ID: \_\_\_\_\_ DATE: \_\_\_\_\_

Study Abroad Program: \_\_\_\_\_

#### INTERNATIONAL HEALTH INSURANCE COVERAGE

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone Number: 1 800 (        )

#### INTERNATIONAL REPATRIATION INSURANCE COVERAGE

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone Number: 1 800 (        )

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach Proof of International Health and Repatriation Insurance Coverage**