Graduate and Professional International Programs
Proof of Insurance Form
(Students, Faculty, Staff)

Major Medical Insurance: Do you have coverage?

___ Yes, I currently have major medical insurance that will cover me while I am abroad. If you elected Pacific Student/Faculty/Staff Insurance, you are covered up to the limits established by the policy. Pacific Student Health Insurance covers students abroad, but students must be prepared to pay on site and submit receipts for reimbursement. If you have other insurance, please contact the carrier to verify that you have out of country coverage. Attach a copy of your insurance card to this form.

___ No, I do not have current insurance, but I am purchasing insurance from ______________________

The effective date of this policy is: ____________________________

Attach a copy of the purchase agreement or confirmation from the insurance company.

Emergency Medical and Evacuation Insurance: Do you have coverage?

___ Yes, I have coverage for Emergency Medical and Evacuation Insurance. All registered students on the Pacific Student Health plan are covered by the Global Emergency Services plan which provides for medical evacuation, repatriation of remains and several other emergency services, such as assistance with lost documents, emergency prescription medication refills, and telephone language interpretation. Phone numbers: (877) 488-9833 (in the US or Canada); (240)330-1470 (collect outside the US); All registered Pacific students, faculty, and staff are covered by the ACE Executive Assistance Services plan, which provides similar benefits. Phone numbers: (800)766-8206 (in the US or Canada); (800)0200-8888 (toll free outside the US); or (202)659-7777 (collect call outside the US). Passport stickers with the relevant contact information are available from the Office of International Programs. Please note that that these plans are supplementary coverage only, and do not substitute for the requirement of a comprehensive medical insurance plan.

___ No, I do not have coverage, but will purchase coverage from ______________________

Please attach documentation of this coverage.

Student/Staff/Faculty signature: _______________________________ Date: ________________

This form should be returned to the Dean/Director’s office of your School or to the faculty coordinator for your program. Travelers should keep a copy of the necessary insurance companies and telephones with them.