

Attn: Students

Be sure you are protected with adequate health insurance and emergency travel assistance when you study abroad.

Study Abroad Insurance

Any UA student participating on an approved study abroad program that does not include adequate international health insurance has the option of purchasing such coverage through the Office of Study Abroad. Students must maintain UA student status in order to purchase this insurance.

(Note: UA faculty-led study abroad programs administered through the Office of Study Abroad and International Exchange usually include this insurance as part of the UA program fee. Please check with the Study Abroad Adviser if you are unsure about your insurance coverage!)

Coverage available through LowerMark 100 Outbound Policy:

Maximum of \$100,000 Major Medical Benefit (per accident or illness, not to exceed \$100,000 for all accidents and sickness in any consecutive 12 month period)

\$50 deductible

Pre-existing conditions are not covered

Unlimited Global Emergency medical Assistance through Assist America (including medical evacuation and repatriation of remains)

Cost: \$46.00 per month*

*Includes extended coverage for 7 days before and after study abroad program dates.

Please sign up for insurance at least one month prior to your departure date so that we have ample time to notify the Lower Agency.

**REQUEST FOR STUDY ABROAD INSURANCE
FOR UNIVERSITY OF ARKANSAS STUDENTS**

LEWERMARK 100 OUTBOUND/ASSIST AMERICA

This form serves as a request to purchase study abroad insurance through The Lewer Agency, Inc., which will provide basic accident and sickness coverage and unlimited emergency travel assistance for the duration of the UA approved study abroad program.

Legal Name: _____ Marital Status: __ Gender: _____

Social Security #: _____ UA Student ID# _____

Date of Birth: _____ Country of Citizenship: _____ Undergraduate Graduate

Permanent Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

E-Mail Address: _____

Study Abroad Program _____ Country: _____

Program Start Date _____ Program Ending Date _____

Date of Departure from the U.S. _____ Estimated Date of return to the U.S. _____

Calculation of Premium:

Policy Period (excluding 7 day extended coverage): _____ to _____

Number of months = (.5, 1, 1.5, 2, 2.5..) _____ x \$46 = _____

AMOUNT DUE _____ Calculated By: _____

By signing below, I acknowledge that I have received a description of the coverage and choose of my own accord to be added to the coverage, with an understanding that expenses above those strictly described as part of the plan are my responsibility. I also acknowledge that I will likely need to pay my own medical expenses incurred overseas, to be reimbursed according to the policy inclusions upon return.

Signature: _____ **Date:** _____

* * * (below is for office use only) * * *

Method of Payment: _____ Amount Paid: _____ Charge to S.A. _____

Insurance Cards to be Mailed: _____ Student will pick up: _____ Issued/Given to student _____
(Use mailing address above unless otherwise noted)

Date added to roster: _____ Deposited on: _____ Requisition# _____