UC International Programs
3134 One Edwards
Phone 513-556-4278
Fax 513- 556-2990
E-mail global@uc.edu

HEALTH INSURANCE FORM

Medical Insurance

All students must be covered by UC or other medical insurance. You must also have an ISIC card, which provides supplemental accident insurance and medical evacuation, if deemed necessary. You will pay for medical expenses on site and submit receipts for reimbursement. Be sure you have an adequate limit on your credit card account that will allow for emergency medical expenses.

During the program, I will have health insurance coverage, including major medical coverage, through a policy issued by

_____
Name of Company

The policy is issued to (check one): ☐ my parents ☐ me

And the policy number is: _____

If something happens and I need to contact the company or its agent, I may do so by calling the following phone number:

_____
Area Code Number:

Participant's Name (printed) _____
Date

Participant's Name (signature) _____
Date

International Student Identity Card (ISIC) number: S _____

Please leave this copy in booklet.