

Certification of International Health and Accident Insurance Coverage

This form must be returned to the Summer Internship Program by May 3, 2002 in order for you to participate in any of our programs. **REGARDLESS OF WHAT YOU SEND TO THE AMERICAN UNIVERSITY INSURANCE OFFICE, YOU MUST RETURN THIS FORM TO THE SUMMER INTERNSHIP PROGRAM.**

I certify that I am covered under a health and accident insurance policy which provides for international coverage for the full duration of my participation in the Summer Programs Abroad (Berlin, Brussels, London, Madrid, Prague, Santiago, South Africa). I further understand that I will be financially responsible for any health or accident related expenses which I incur during my participation in the Program. I have provided the information requested below.

Student's name (printed) _____

Student's signature _____

Program Attending _____

Social Security Number _____

Parent/Guardian's Signature _____
(if student is under 21 years of age)

Name (printed) _____

Today's date _____

Name of insurance company _____

Address of insurance company _____

Policy group number _____

Policy identification number _____

Policy expiration date _____