CONFIRMATION OF HTH WORLDWIDE HEALTH INSURANCE ENROLLMENT

The Office of Education Abroad will enroll you in HTH Worldwide mandatory study abroad health insurance. The policy provides coverage for your benefit, including health insurance, accidental death and dismemberment, repatriation of remains, and medical evacuation. This coverage is for international travel and study only and does not cover you while in the US.

Print Name: _____

PID:_____

City, Country of Study:_____

Date of Birth: _____

Country of Citizenship:_____

Gender: _____

I acknowledge my responsibility to understand the conditions and limitations of this coverage and agree that Ohio University is not responsible for any uninsured losses. Additionally, I understand that HTH health coverage does not replace the Ohio University Injury and Sickness Insurance Plan, which will be automatically billed to my account unless waived.

I understand that I will be enrolled for the official program dates as part of my program fees. If I plan to travel either before or after the program, I may choose to extend the period of coverage at my own expense. The cost for additional coverage is up to $25/month (for a quote, contact Lorinda Collins at collinl3@ohio.edu).

I would like to waive the **Ohio University Injury and Sickness Insurance Plan** yes no

I would like to extend my coverage beyond the program dates: yes no

If yes, please indicate the dates for which you would like coverage: _____/_____/_____ to _____/_____/_____ .

_____ _____

Signature Date

_____

Print Name

Send to:

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