

Georgetown University
Study Abroad Student Health Insurance Waiver Form
2009-2010



COMPLETE ALL INFORMATION IN THIS SECTION

(Student's Name: Last, First, MI Name)

(Student's Date of Birth)

(Student's GoCard #)

(Overseas Studies Program Location)

(School)

(Overseas Studies Program Departure and Return Dates)

(Name and phone # of Program Advisor)

(Premier Plan Beginning and Ending Dates of Coverage)

TERMS AND CONDITIONS FOR WAIVING THE STUDY ABROAD PLAN

I understand that Georgetown University (GU) recommends that I maintain the Study Abroad Health Insurance Coverage underwritten by ACE American Insurance Company, Policy # GLM N0117230A, during my participation in a GU experience abroad, but elect to decline coverage in the Study Abroad Plan because I have **accepted** coverage under the Premier Plan for the duration of my participation in the GU experience abroad, as indicated in the information provided above. I understand the Premier Plan reimburses covered medical expenses abroad at 70% and the Study Abroad Plan reimburses covered medical expenses at 100%.

I also understand in order to receive a credit on my Student Account for the Study Abroad Plan this Study Abroad Waiver Form must be submitted to the GU Student Insurance Office by, the latter of:

1. Within 30 days after my student account has been charged for the Premier Plan, or
2. Within 7 days prior to the Study Abroad Program Departure Date.

Otherwise, this Study Abroad Waiver will not be approved and I will be enrolled in the Study Abroad Plan and be responsible for payment of the Study Abroad premium.

I also understand that the information provided on this form is subject to approval by the GU Student Insurance Office and is subject to the provisions of the GU Student Code of Conduct.

X _____ (Date) _____
(Student's signature attesting that the information provided is correct and agreeing to all terms and conditions above.)

Fax a copy of this form to 202-687-4955 or keep a copy of this form for your records and mail the original to: Georgetown University Student Insurance, Box 571101, Washington, D.C. 20057-1101.
FOR PROPER PROCESSING, DO NOT SEND THIS FORM TO ANY OTHER DEPARTMENT IN THE UNIVERSITY.