

## STUDY ABROAD

## Supplemental Health Insurance

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student/Employee ID#: \_\_\_\_\_ Ohio State Username: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Do you have a passport? \_\_\_ Yes \_\_\_ No

Passport Number: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Trip Information**

Purpose of the Travel: \_\_\_\_\_

Overseas Destination(s): \_\_\_\_\_

Departure Date from U.S.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Return Date to U.S.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Host Institution/organization (if applicable): \_\_\_\_\_

In-country Contact Information (email and/or cell): \_\_\_\_\_

**Ohio State Department Information (if a university department will pay for the insurance)**

Department Contact Person: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_

Chartfield Information: \_\_\_\_\_

**Release / Authorization Forms****Release of All Claims**

As a condition of eligibility for participation in The Ohio State University International Travel Insurance Program or voluntary report of international independent academic activities traveling to \_\_\_\_\_, I hereby agree to the following:

- In consideration of being granted the opportunity to participate in this insurance program and have access to the services and/or facilities which may thereby be furnished by or made available by The Ohio State University as well as the help, assistance, or advisory services which may be rendered by employees of the University, I do release and forever discharge for myself and my heirs, executors, administrators and assigns, all officers, trustees, fellow members, employees, and agents of The Ohio State University who arranged, advised or supervised any portion of this activity, from all claims, demands, actions, and causes of action for personal injury or any other damage now existing or which may arise out of or be in any way related to their negligence or other conduct associated with this activity.

- I understand that if I should violate the laws and regulations of any country visited as part of this travel experience, The Ohio State University may not be held liable for such conduct. I understand that if I should confront a legal problem, The Ohio State University cannot officially represent me or my legal interests in dealing with a foreign legal system; nor can the University assume any direct responsibility for the actions of a foreign government.
- I further understand that my participation in The Ohio State University International Travel Insurance Program does not mean that the University has necessarily approved, organized, verified, supervised, or in any way controlled any aspect of my travel. Although the university may provide general information and support to students/participants, I acknowledge that I am solely responsible for the conditions and risks associated with my trip, including but not limited to transportation and accommodations.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Typing your name here serves as a signature

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last Four Digits of SSN: XXX/XX/\_\_\_\_ \_

**Authorization for Emergency Medical Treatment or Surgery**

- During international travel, occasions may arise when sickness or accident require routine or emergency medical or surgical treatment. A physician or medical or surgical treatment facility often will require that some adult person give an authorization to render necessary medical or surgical service, and to give reliable assurance that payment for such services will be made.
- Accordingly, to the extent it is feasible for The Ohio State University to facilitate medical or surgical treatment which may be necessary during the student's international travel, each of us (the participant and the participant's parent[s] or guardian[s]) desires to authorize The Ohio State University and its agents and employees to exercise reasonable effort to obtain such medical and/or surgical services as may be needed by the participant. Also, we desire to assure Ohio State University that we will be responsible for any charges related to such services that may be arranged by the University, if medical insurance or other insurance provided hereunder does not fully cover all such charges.

**Therefore,**

- Each of us (participant and parent[s] or guardian[s]) authorizes The Ohio State University and any agent or employee thereof to arrange or facilitate the provision of such medical and/or surgical services as may seem to it necessary and proper during such time as the participant is travelling abroad. Each of us also authorizes release of the participant's appropriate medical records to attending physicians.
- Each of us (participant and parent[s] or guardian[s]) agrees to pay such fees and charges as may result from such medical and/or surgical services and to reimburse Ohio State University, its agents and employees, for any fees or other expenses it or they might reasonably incur should it or they be required to pay any such fees or charges or other costs incidental to the providing of such services.
- We understand that normally the university will notify the parents in advance of any unusual medical or surgical procedure that may be required by the participant, but agree that no such advance notice is expected unless it may be practically and conveniently given.

This authorization shall be effective during such time as the participant is engaged in travel covered by The Ohio State University International Travel Insurance Program.

Name of Parent(s), Guardians(s) or Next of Kin (**Required**): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Participant's Home Address: \_\_\_\_\_

Participant's Home Phone: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typing your name here serves as a signature

### Information / FERPA Release Form

Federal and state law generally prohibits the university from disclosing information about its students under most circumstances. These laws may prevent the university from disclosing information about your whereabouts, health and safety while you are traveling abroad, even to your own family. The following release would permit the University to make reasonable effort to notify specified persons about your whereabouts and condition in the event that the university becomes aware of an emergency or other threat to health or safety. The second paragraph would permit the University, if an emergency occurs, to confirm or deny media reports in order to minimize the dissemination of inaccurate information and to shield your family and friends from press inquiries.

### Release

In the event that The Ohio State University becomes aware of an emergency during my international travel (for example if I should suffer a physical injury or other threat to my mental or physical well-being), I hereby give permission to representatives of the University to notify the following named persons of my whereabouts and/or my condition:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that The Ohio State University becomes aware of an emergency during my international travel, I give permission to representatives of the University to confirm or deny to the news media information concerning my whereabouts, health and safety, and my status as a student of the University.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typing your name here serves as a signature

### Payment information

The supplemental travel insurance is \$1.61 per day for enrollees up to age of 74. The total premium will be calculated using the daily rate multiplied by the number of days between the departure date and return date listed in the trip information. This calculation will include the departure date and the return date as days of coverage. Please indicate your preferred method of payment/charge assessment. Your application for the supplemental travel insurance will not be processed without proper payment.

\_\_\_ I am a student, please charge my University student fee account for the cost of the insurance premium. I understand that to use this option, I must be an active student of the Ohio State University. I understand that I must submit payment for the charge posted to my student fee account within three days of the posting of the charge.

\_\_\_ I am including a personal check or money order **made payable to The Ohio State University** with this form.

\_\_\_ My department is paying for my insurance, please see Department Information section of this form.

### Please return completed form with payment or payment information to:

Laurie Ogburn  
Office of International Affairs  
100 Oxley Hall, 1712 Neil Avenue  
Columbus, OH 43210

Questions may be directed to Laurie Ogburn at [ogburn.4@osu.edu](mailto:ogburn.4@osu.edu).

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**THE OHIO STATE UNIVERSITY**

OFFICE OF INTERNATIONAL AFFAIRS  
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