

THE AMERICAN COLLEGE OF THESSALONIKI
CERTIFICATE OF INSURANCE COVERAGE

Name: _____

Semester of Study/Year: _____

Health and accident insurance coverage is required of all participants in the American College of Thessaloniki study abroad program. We strongly advise a policy that is designed especially for students studying abroad. Such a policy should minimally include basic medical, accidental death, dismemberment, emergency evacuation, and repatriation of remains coverage. If the student plans to travel before the program starts or after it concludes, and his/her policy does not cover these periods, short-term coverage should be arranged with a private company so that protection will be adequate for the entire period away from home.

This is to certify that I will be covered by a health and accident insurance policy for the duration of my stay abroad as a participant in the above-named program. My insurance coverage is provided by:

Company: _____

Address: _____

Policy Number: _____

Dates of Enrollment: _____

I have checked with the company to be sure that I will adequately covered while abroad and that payment of claims can be made abroad. I have paid any additional premium required for overseas coverage.

Applicant Signature: _____ Date: _____

Parent/ Guardian's Signature: _____ Date: _____

(Required if student is under 18 or covered under family policy)

The above Certificate of Insurance must accompany your Admissions application.