

## ASSOCIATION OF ITALIAN AMERICAN EDUCATORS

### Health Insurance

|   |                                       |                    |
|---|---------------------------------------|--------------------|
| <b>Applicant</b> (Type or print name)     | <b>Social Security Number</b>         |                    |
| <b>Date of Birth</b>                      | <b>Sex</b>                            |                    |
| <b>Name of Program</b><br>Programma Ponte | <b>Location Abroad</b><br>Rome, Italy | <b>Citizenship</b> |
| <b>Date of Departure</b>                  | <b>Date of Return</b>                 |                    |

Health and accident insurance coverage is required of all participants in the AIAE New York Study Abroad programs. Such a policy should minimally include basic medical and accidental death and dismemberment coverage. Medical **evacuation and repatriation** coverage is also required. Those who do not have such coverage must purchase the insurance. The protection should be adequate for the entire period away from home. Students should also provide complete records of required immunizations.

Check one of the following:

- \_\_\_\_\_ I wish to waive the mandatory insurance policy because I have family health insurance which also provides Medical **Evacuation and Repatriation** coverage. ( Attach photocopy of your parents' insurance)
- \_\_\_\_\_ I purchased my own health insurance which covers also Evacuation and Repatriation. This insurance covers the period of time I will study abroad. (Attach photocopy of document)

Please return this form to the Director of Programma Ponte