



ILR CREDIT INTERNSHIP PROGRAM HEALTH INSURANCE INFORMATION



Complete & Return this form to:
ILR Credit Internship Program, 381 Ives East, Ithaca, NY 14853
(T): 607-255-2266, (F): 607-255-0107, Email: bk30@cornell.edu

NAME: _____ SEMESTER OFF-CAMPUS: _____

HEALTH & EMERGENCY CONTACT INFORMATION:

Parent, Guardian, or other individual you would like the **ILR Credit Internship Program** to contact in an emergency:

NAME: _____

ADDRESS: _____

PHONE (H): _____ (CELL): _____ EMAIL: _____

Cornell University provides **International SOS** to cover medically necessary & security evacuation. This is **not** health insurance, but can supplement your existing health insurance to offer guaranteed payment of medical services, or even medical advice and referral. **You do NOT need to purchase supplemental evacuation insurance.**

HEALTH INSURANCE REQUIRMENTS

Registered Cornell students undertaking international internships, must have an insurance policy or combination of policies that provides the following coverage:

- Medically necessary care (NOT just emergency care) while abroad
- Coverage for pre-existing conditions
- Coverage in their host country & during any travel you may take outside of that country
- Maximum benefit of at least \$500,000 per year
- Provide coverage when you return from your international internship that will cover any conditions contracted abroad.

You can meet these requirements in one of three ways:

1. If you are already enrolled in Cornell's Student Health Insurance Plan (SHIP).
2. Verify that the insurance covering you in Ithaca provides coverage in your host country. If it does not, you should see if you can add a rider or supplement to your policy to meet the requirement.
3. Enroll in the annual SHIP in August.

MEDICAL & ACCIDENT INSURANCE COVERAGE

(Please indicate which form of insurance will cover you during your semester abroad).

- A. _____ I have the Cornell Student Health Insurance Policy (SHIP)
- B. _____ I have the following policy/policies that provide the necessary coverage, as described above:

INSURANCE COMPANY #1: _____ INSURANCE COMPANY #2 (IF APPLICABLE) _____

POLICY NUMBER: _____ POLICY # FOR 2ND INSURANCE CO. _____

PRIMARY POLICY HOLDER _____ POLICY HOLDER FOR 2ND INSURANCE CO. _____
(name & relationship) (name & relationship)

- C. _____ I intend to enroll in the Student Health Insurance Plan (SHIP).
- I have a separate insurance plan that is effective when I am in Ithaca, but not while I am abroad.
 - I know that SHIP coverage will begin on August 17, 2007.
 - **I realize that once I submit the SHIP insurance form, I CANNOT drop my enrollment & I will be charged for the entire year.**
 - I know that I have Medical Evacuation and Repatriation Insurance through International SOS, and I will NOT be eligible for medical evacuation through SHIP/Assist America.
 - The dates I will be abroad are: _____ to _____

I hereby assume responsibility for all medical expenses I may incur while studying abroad. I am aware that I may need to pay out of pocket for medical expenses and be reimbursed for covered expenses by my insurance company at a later date.

The **ILR Credit Internship Program** may use and release any of the above information in the event of an emergency.

SIGNATURE: _____ **DATE:** _____