



HEALTH INSURANCE AND IMMUNIZATION FORM

INSURANCE

If you are enrolled at a campus in the Oregon University System or through an IE₃ partner school and participating in an IE₃ Global Internship, health insurance is provided for you through Wells Fargo and underwritten by the Insurance Company of the State of Pennsylvania. More information, including a link to the complete policy brochure, is online at <http://ie3global.oregonstate.edu/ie3/students/InsuranceInfo.html>. You will receive a confirmation email which includes an identification card, details on the conditions of coverage, and a blank claim form. Coverage begins seven (7) days prior to your official internship start date and ends on the seventh (7th) day after your internship end date.

The policy includes:

<u>Medical Expense (Accident Sickness)</u>	\$100,000
<u>Deductible</u>	\$0
<u>Accidental Death & Dismemberment</u>	\$10,000
<u>Emergency Medical Evacuation</u>	\$200,000
<u>Emergency Medical Repatriation</u>	\$25,000

IMPORTANT: You are responsible to read and understand the Wells Fargo Insurance Plan and AIG Assist Emergency Assistance Services Brochure. We highly recommend leaving a copy of your AIG Assist Emergency Assistance Contact Information with your Emergency Contact Person in your home country and at your host site.

If you intend to stay abroad after your internship, or travel prior to starting it, you will need to purchase additional insurance coverage for those periods. You can purchase this directly from Somerton on-line at: www.somerton-ins.com or from other insurance providers.

IMMUNIZATIONS

By signing below, you acknowledge receipt of the insurance information above and that you have investigated the health warnings and vaccination information from the Centers for Disease Control and Prevention for your destination area. It is your responsibility to comply with the recommendations and consult with a health professional to review your personal vaccination needs.

This _____ day of _____, 20_____, I have read and understand the above provisions and agree to be bound thereby.

Name _____ Signature _____

Passport photocopy required, for use in case of emergency: attach to this document.

Passport Number _____