INSURANCE VERIFICATION FORM
Calvin Off-Campus Semester

Please return this form ASAP, either by mail, e-mail, or fax to:

Off-Campus Programs
Calvin College
1845 Knollcrest Circle, SE
Grand Rapids, MI  49546

Fax:  616-526-7149
E-mail (scanned attachment): dellen52@calvin.edu

I hereby certify that my student, _____________________________________, is covered for urgent and emergency medical care* while participating in the Calvin Semester program in ____________(country) during the Fall/Spring of __________(year) as follows (check one):

☐ My/our student is covered by KnightCare.

☐ My/our student is covered by my/our personal or employer-provided insurance for the entire time of the program.

☐ My/our student is not covered as required. I/we will purchase the required coverage prior to his/her departure for __________(country).

Signed: ___________________________________________ _________  Date:_______________
Printed name: _____________________________________ ____________
Relationship to student: __________________________ _____________________

Parent/Guardian emergency contact information:

Phone: _________________________________(home and/or cell)

E-mail: _________________________________

*Calvin provides security/political evacuation insurance for all students. This policy (IMG Patriot International) also provides secondary health coverage (with a $1000 deductible) during the time of the program. Students traveling abroad prior to and/or following their program are strongly urged to purchase an extension of this insurance for the additional time they will be abroad. Please contact the Off-Campus Programs Office for more information or see:
http://www.calvin.edu/admin/travel/international/insurance.html