UNIVERSITY OF Cincinnati

Institute for Global Studies & Affairs
3134 One Edwards

Phone 513 556-4402
Fax 513 556-2990
e-mail global@uc.edu

HEALTH INSURANCE FORM

During the program, I will have health insurance coverage, including major medical coverage, through a policy issued by

_____.
(Name of Company)

The policy is issued to (circle one): my parents me

And the policy number is: _____.

If something happens and I need to contact the Company or its agent, I may do so by calling the following phone number: Area Code _____ Number: _____

_____ _____
(Please print your name) (Please sign)

_____
(Date)

International Student Identity Card (ISIC) number:
S_____