



Proof of Insurance for International Students

This form must be completed and returned to Galen University prior to student departure from home country

Date: _____

Student Information	
Student Name	
Date of birth	
Nationality	
Galen University Session attending	
Passport number	
Passport expiration	
Student E-mail	
Phone	
Home Address	
Home Institution	
Medical Insurance Coverage Company	
Policy Number	
Coverage must include:	Medical insurance, Air Evacuation coverage, Repatriation of Remains
Medical Insurance Coverage Company	
Billing address	
Emergency Hot Line Phone number	
	Attach copy of active policy as Proof of Insurance to this form
<i>Providing this data is optional</i>	<i>NOTE: We recommend that student have available a minimum of \$2000 on a credit card to pay immediate medical expenses.</i>
<i>For Potential Emergency Expenses</i>	
Name on Credit Card	
Credit card number and type	
Credit card expiration date	
	<i>Please inform credit card company of potential international use</i>
Emergency Contact Information	
Emergency notification contact	
Relationship to Student	
Emergency notification phone	
Additional Emergency notification phone	
<u>OPTIONAL</u>	
Home Physician/Practitioner	
Physician Office Phone Number	
Physician Emergency Phone Number	