FRESNO PACIFIC UNIVERSITY
INTERNATIONAL PROGRAMS AND SERVICES OFFICE
SUMMER GLOBAL EDUCATION PROGRAM

STATEMENT OF INSURANCE COVERAGE

Name ____________________________________________

Program/Country: ________________________________

I will study abroad for: Summer_______

By this statement I acknowledge that I am aware of the Fresno Pacific University requirement for all students enrolling in Summer Global Education programs to be covered by Sickness and Accident Insurance. Not only are students required to be covered for basic medical, but all are required to have coverage for 1) Emergency Medical Evacuation, 2) Repatriation of Remains and 3) Accidental Death and Dismemberment.

I am covered by the plan checked below:

- FPU Blanket Accident and Health Insurance Plan
- My own personal Health Insurance plus On Call International: www.oncallinternational.com (please provide documentation).
- HTH Worldwide Insurance Services: http://www.hthworldwide.com
- Wallach & Company: www.wallach.com

Applicant’s signature: _______________________________ Date: _____________

Parent or Guardian signature (if under 18): __________________________ Date: _____________

Turn into IPSO when Completed.