



Learning Abroad Center

International Insurance Form

This form and all relevant documentation must be turned in 4 weeks prior to departure date from US.

Student Steps

1. Complete and submit this form
2. Complete and submit a signed _____

NOTE: To waive CISI insurance, you must be a research assistant or graduate assistant insured by the University of Minnesota, or covered by the Academic Health Center insurance plan. Attach your US insurance card for verification. You may choose not to waive CISI by not attaching your US insurance card.

Faculty/Staff Steps

1. Complete and submit this form
2. Complete and submit _____

NOTE: Faculty and staff traveling internationally on University business with the Learning Abroad Center (i.e. Learning Abroad Center Global Seminars, Curriculum Integration Site Visits, and Learning Abroad Center Program Reviews) do not need to submit a DAF.

Personal Information

Name _____ Date of Birth _____ Male/Female (circle one)

Mailing Address _____

Contact Phone _____ U of M Email _____ U of M ID # _____

Undergraduate/Graduate/Non-degree (circle one) Are you receiving academic credit for this program? Yes/No (circle one)

Travel Plans

Program Name or Activity _____

City and Country _____

Program Dates (attach verification of official program dates) _____

Departure Date from US _____ Return Date to US _____

Please Note: You will only be covered for the dates of official program activity. You can purchase additional coverage, before or after the program, directly with CISI by going to _____

Faculty, staff/adviser, or department endorsing or sponsoring this activity:

Name/Dept _____ Phone _____

Emergency Contact

Name _____

Phone _____

Cards & Policy Information

You will be notified when your card and policy information is available, usually two weeks after receipt of all required forms.

Student Payment Process

No cash, checks, or credit cards are accepted. The insurance cost will be billed to your student finance account.

Check Onestop for billing dates. Late fees may accrue if not paid when due.

Total Payment Due: \$36/month X _____ (# of months) = \$ _____

Cancellation

You must notify the Learning Abroad Center office immediately in writing or by email to UMabroad@umn.edu regarding any change in plans, cancellation from program, etc. You are responsible for all charges if proper notification is not received.

Office Use Only: _____ Payment processed _____ Insurance processed _____

Learning Abroad Center

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