

**EDUCATION ABROAD PROGRAM  
SUMMER SESSIONS  
INSURANCE DECLARATION**

**NAME:**

**ADDRESS:**

**PHONE:**

**FAX:**

**E-MAIL:**

I will be attending UC Berkeley Summer Session \_\_\_\_\_ (A, B, C, D or E).

I will be in the US from \_\_\_\_\_ (date) to \_\_\_\_\_(date).

**Name of Insurance Provider:** \_\_\_\_\_

*(If not enrolled in a group plan through the study center, attach copy of plan and proof of enrollment.)*

**Declaration statement:**

I understand I am fully responsible for my own health insurance coverage during the UCB Summer Sessions. My health insurance policy meets all of the following minimum requirements:

- My policy covers all medical and hospital costs, or provides me with a minimum of \$50,000 (U.S.D.) for each accident or illness, has a deductible of \$500 or less, and covers at least 75% of hospital and physician costs.
- My policy is covers the entire study period as defined above.

I certify that the statements on this form are correct.

**Signature:**

**Date:**

**NOTE:** *Remember to bring with you a full description of the health benefits and an identification card giving the period of validity and telephone number of a U.S. contact person.*