

Date _____

ACE American Insurance Company
c/o Mercer Health & Benefits
1166 Avenue of the Americas
New York, NY 10036

Attention: Alex Zeron

Dear Mr. Zeron,

I, _____ a participant in the University of California Education
Student's Name
Abroad Program at _____ authorize that the amount allowable by the
Study Center
insurance company be reimbursed to the UC Regents. I request that the check be made payable to UC

Regents and mailed to:

Universitywide Office Education Abroad Program
6950 Hollister Avenue, Suite 200,
Goleta, CA 93117-5823

Sincerely,

Student's signature

(*Student's printed name*)
