



Extension of Health Insurance While Abroad

(For coverage outside the U.S.; only for travel before or after official program dates)

Complete this form carefully and print clearly, as all information must be legible. Share this information with your parents. Send the completed form to the contact information below.

Mail completed form and payment to: Mercer Health & Benefits, Attention: Alex Zeron, 1166 Avenue of the Americas, New York, NY 10036. OR fax to: (212) 345-3594

- Notes: 1. If you plan to travel internationally before or after EAP, the completed extension form must be received 30 days before departure from the U.S. for pre-program coverage or 30 days before the end of EAP for post-program coverage. 2. Coverage must be paid in full at time of request. 3. Make your check payable to Marsh USA, Inc. Credit cards are not accepted. 4. Provides same coverage as the EAP Accident and Sickness Insurance Plan. 5. Make a copy for your records.

All Students—Required Information

Name of Student (please print clearly) \_\_\_\_\_

EAP Program \_\_\_\_\_ (Program, Country) (Start/End Dates of EAP Term)

Date of Birth \_\_\_\_\_ UC I.D. Number \_\_\_\_\_

I plan to travel before and/or after EAP. I will purchase an extension policy as follows:

Note that the extension policy will cover you while traveling. It does not provide coverage in the U.S.

- Pre-program coverage
Post-program coverage
1 month \$32.13
2 months \$63.32
3 months \$84.11

Make your check payable to Marsh USA, Inc.

ALL STUDENTS MUST SIGN THE FORM

Read statement, check the box, and sign and date this form below.

I understand that this policy will cover me while abroad, that it does not provide coverage while in the U.S., and that it is supplemental coverage.

I understand that the premium is non-refundable.

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Student's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_