



VIRGINIA POLYTECHNIC INSTITUTE
AND STATE UNIVERSITY

Education Abroad
Office of International Research, Education, and Development

526 Prices Fork Road, room 131 (0378), Blacksburg, VA 24061
Office phone: (540) 231-5888 Fax: (540) 231-5164
<http://www.educationabroad.vt.edu>

HEALTH INSURANCE CERTIFICATE

Program Location: _____

Program Sponsor: _____

Program leader (if known): _____

Program Dates: _____

I, _____, **Student Number** _____, have reviewed my health insurance policy and certify that I will be covered by health insurance, which is valid while I am overseas as a Virginia Tech student. I understand that, where my insurance is not accepted, I will need to pay at the time of service for medical care provided overseas and submit a claim for reimbursement to my insurance company. If any medical expenses are incurred on my behalf by Virginia Tech, I agree to reimburse those expenses.

Insurance Company: _____

Policy Number: _____

Student's Signature _____

Date _____

Parent's Signature (required if student is under the age of 18)

Date _____

Revised July 2007