



**Study Abroad Insurance (Health and Emergency)**

**Montclair State University requires all study abroad students to have Atlas Travel insurance coverage for the entire period of time they are studying abroad, regardless of any other coverage they might have through their parents, Montclair State, or their study abroad program.**

Montclair students enrolling in study abroad programs that provide insurance coverage other than Atlas Travel Insurance **are required** to purchase Atlas Travel Insurance. Before departure, every student will be required to demonstrate proof of purchase of this policy to the Study Abroad Office. A photocopy of your insurance card must be submitted to the Study Abroad Office to complete your application.

To learn about benefits and find rates for this policy Visit - <http://www.internationalstudentinsurance.com/travel-medical-insurance/premiums.php>

To review the details of the benefits visit - <http://www.internationalstudentinsurance.com/travel-medical-insurance/benefits.php>

Benefits include:

- Medical
- Emergency Reunion
- Political
- Terrorism
- Accidental Death
- Repatriation of Remains
- Natural Disaster
- Trip Interruption

Cost: For students in the age range of 18 to 29, the cost is approximately 86 cents per day, or about \$100 for a semester.

Minimum Coverage: \$50,000 policy maximum, \$250 deductible. You may choose to purchase a more comprehensive plan with higher coverage or a lower deductible, but at minimum you must select a plan with \$50,000 coverage.

In addition to my primary U.S. health insurance, I, \_\_\_\_\_ have purchased **Atlas Travel insurance** that covers:

- The length of my Study Abroad program
- injuries and illnesses I sustain or experience overseas, and more specifically in the country that I will be living and/or traveling while on the program
- emergency evacuation and repatriation of remains
- At least: \$50,000 policy maximum with a \$250 deductible

Student Name \_\_\_\_\_ CWID: \_\_\_\_\_  
*Print clearly*

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_  
**\*A copy of my Atlas Travel Insurance card is attached**

Parent/Guardian Name if under 18 \_\_\_\_\_  
*Print clearly*

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_  
or Guardian if under 18