

IU Faculty & Staff Insurance Enrollment Form

IUI faculty or staff participating on, or providing a support role on a study abroad program, have the option of purchasing accident and sickness insurance to cover them while abroad.

Plan Options & Information

Top-Up Plan - \$10.75 per month

(Medical Evacuation and Repatriation only) More information: https://abroad.iupui.edu/doc/4ELI MERE Indiana University 2024 Certificate.pdf

Blanket Accident & Sickness Plan - \$38.95 per month

More information: https://abroad.iupui.edu/doc/Insurance Indiana University Medical Policy 2024 Certificate.pdf

Insurance may only be purchased in full month increments, not partial months. (e.g. 7/25/2024 - 8/25/2024 = 1 month; 7/25/2024 - 8/26/2024 = 2 months)

Return this form to the address below along with your check or money order made payable to "Indiana University"; we do not accept cash or credit card. Payment is nonrefundable upon submission.

Plan Selection & Personal Information (please print clearly):

(Circle one): Top-Up Plan Blanket Accid	lent & Sickness Plan
---	----------------------

Legal Name

Date of Birth (mm/dd/yyyy)

Country of Citizenship

(Circle one): Male Female

E-mail address

Mailing Address:

Address 1

Address 2

City, State

Zip/Postal Code, Country

Program Name and Location:

Dates of coverage:

 $\frac{////}{\text{from (mm/dd/yyyy)}} \qquad (\underline{////}{\text{to (mm/dd/yyyy)}})$

IUI Study Abroad Office ES 2129B, 902 W. New York Street, Indianapolis, IN 46202 abroad@iu.edu; phone - 317-274-2081