

INDIANAPOLIS

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 - \$10.86 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 - \$40.50 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. 7/25/2025 - 8/25/2025 = 1 month; 7/25/2025 - 8/26/2025 = 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-U	Jp Plan	Blanket Accident & Sickness Plan
Legal Name		
Date of Birth (mm/dd/	уууу)	Country of Citizenship
(Circle one): Male Mailing Address:	Female	E-mail address
Address 1		Address 2
City, State		Zip/Postal Code, Country
Program Name and Lo	ocation:	
Dates of coverage:	(//_ from (mm/dd	/yyyy) (/) to (mm/dd/yyyy)