

Health Insurance Form

Name: _____

CWID: _____

Do you have Mines Health Insurance?

Yes

No

If no, what is your service provider?

Service Provider: _____

Policy Number: _____

Policy Holder: _____

If you do not have Mines Health Insurance, you need a letter from your insurance company stating that you will be insured during your study abroad period, and that you have medical evacuation and repatriation benefits.