

PURDUE UNIVERSITY
STUDY ABROAD PROGRAM
STATEMENT OF INSURANCE WAIVER

I, the undersigned, have reviewed the information concerning the Medical and Accidental Death and Dismemberment coverage which is available through Purdue University for me during my participation in a Purdue-sponsored Study Abroad Program. This coverage is underwritten by The Insurance Company of The State of Pennsylvania and is administered by Cultural Insurance Services International. I have determined that other medical and accidental death and dismemberment coverage which will be in effect for me while I am out of the United States is sufficient. I request, therefore, that I not be charged for the coverage. I understand that no other coverage is available through Purdue University for me while I am out of the United States.

Name of Participant _____

Address _____

Name of Study Abroad Program _____

Dates out of United States - From _____ To _____

Participant Signature Age Date

Signature of parent(s) required if participant is under 18 years of age

(Parent/Guardian Signature) (Date)
