Syracuse University
Division of
International
Programs Abroad

FORM #8: Health and Accident Insurance Form—submit online

You must carry health and accident insurance coverage while participating in our program abroad. It is your responsibility to make sure your insurance coverage is valid outside the United States and sufficient to cover medical expenses during your participation
in the DIPA program.

Name _____
last first middle initial

SS# _____ / _____ /_____

Country of Study_____ Semester and Year_____

I certify that I will be covered by the following policy during my participation in the DIPA program.

Name of Insurance Company or Plan_____

Policy Number _____

Policy is Valid Until _____

Is Policy in Your Name Only? ☐ Jointly with Others? ☐

If Jointly, Under What Name? _____

Complete this form online at http://suabroad.syr.edu.