

University of Dallas Summer Programs

Health Insurance Affidavit

I, _____ am participating in the University of Dallas Summer
(print name)

Program, _____
(program name)

I am covered by: _____ Policy number _____
(insurance co.)

Group number: _____

Insured's name: _____

Insured's employer: _____

I understand that health providers in Europe rarely, if ever, accept outside insurance; that if I require health care in Europe, payment will need to be made up front; and that it will be my responsibility to apply for any reimbursement which may be available through my insurance company after my return from Europe.

It is my responsibility to determine the extent of overseas coverage (including medical evacuation coverage) my insurer provides and to arrange for supplementary coverage if necessary.

I accept full financial responsibility for any medical needs which arise while I am participating in the University of Dallas Summer Program.

Signed

Print name

Sign name

Date

Return this form to: University of Dallas Rome and Summer Programs Office
1845 E Northgate Dr.
Irving, TX 75062