



VIRGINIA POLYTECHNIC INSTITUTE
AND STATE UNIVERSITY

Office of International Research, Education, and Development

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HEALTH INSURANCE CERTIFICATE

Program Location: _____

Program Sponsor: _____

Program leader (if known): _____

Program Dates: _____

I, _____, **Student Number** _____, have reviewed my health insurance policy and certify that I will be covered by health insurance, which is valid while I am overseas as a Virginia Tech student. I understand that, where my insurance is not accepted, I will need to pay at the time of service for medical care provided overseas and submit a claim for reimbursement to my insurance company. If any medical expenses are incurred on my behalf by Virginia Tech, I agree to reimburse those expenses.

Insurance Company: _____

Policy Number: _____

Student's Signature _____

Date _____

Parent's Signature (required if student is under the age of 18)

Date _____

Revised April 2006