



INSURANCE INFORMATION FORM

The Fashion Institute of Technology requires that anyone participating in a FIT study abroad program must have basic health insurance and IN ADDITION accident, emergency evacuation, and repatriation coverage.

Please indicate which Health Insurance will cover you for the above mentioned while you are studying abroad.

Koster Insurance (*Offered each semester through FIT*)

Other (*Provide front back Copy of Med.Ins.Card*)

Please indicate:

Health Insurance Carrier _____ Policy# _____

Please be aware that your current plan may cover you in the United States, but many companies do not extend their coverage abroad.

Students who have basic insurance which also applies overseas, but need accident, emergency evacuation, and repatriation coverage, may obtain such insurance by purchasing the International Student Identity Card. (*See: <http://www.Myisic.com>*)

I certify that the information provided by me on this Insurance Information form is true and accurate, and I will notify the Office of International Programs of any relevant changes prior to the start of the program. I have attached proof of the necessary coverage.

Name of Applicant: _____
(Please print clearly)

Signature of Applicant: _____ Date _____

Please indicate which program you are attending:

Academic Year Abroad Program: _____

Semester Abroad Program: _____

Intl Seminar for Graduate Program: _____

Winter/Summer Abroad Program: _____

Dates of Study Abroad: _____
(Begin) (End)