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No

Waiver Request

Cultural Insurance Services International (CISI) Emergency Medical and Security Insurance

for Third-Party Program Participants and Citizens of the Destination Country

All Virginia Tech employees and students on university-supported travel abroad are required to obtain emergency medical and security insurance for the full duration of their trip abroad. This insurance will include comprehensive medical coverage, evacuation coverage, coverage for return of mortal remains, coverage for mental health, coverage for pre-existing conditions, and security coverage which will provide support in cases of widespread political issues or natural disasters. Virginia Tech has secured a group policy for all faculty, staff, and student international travelers. The summary of benefits for this policy can be found on the Global Education Office (GEO) Global Safety website.

In support of decreasing costs of international travel without increasing risk exposure, a waiver is available for travelers to their country of citizenship or students participating in third-party programs that require enrollment in their contracted policy. Regardless of the insurance provided by a third-party provider or home nation coverage in place, it is strongly recommended all university-supported travelers enroll in the comprehensive coverage Virginia Tech offers to them, even if it means having dual coverage. Experience has proven that in the case of an emergency, participants have been thankful for this additional coverage.

Information and Statement of Understanding

I,, am	, am projected to participate in university-supported travel abroad	
from (departure date) to _	(return date), to	
	(City, Country Location(s)).	
I am a citizen of my destination country: Yes	No	

If "yes," I will limit my travel during this period to other countries in which my insurance is effective: Yes

I have been provided an opportunity to review Virginia Tech's contracted international emergency medical and security assistance insurance policy with CISI. Having informed myself fully of the coverage benefits of both my home nation coverage and/or third-party provider's policy, and Virginia Tech's policy, I choose to be covered solely under my home nation coverage and/or third-party provider's policy, and hereby decline participation in Virginia Tech's CISI insurance requirement.

I also acknowledge that I have been encouraged by the Virginia Tech Global Education Office (GEO) to purchase the Virginia Tech contracted CISI policy as secondary insurance. I understand that because I have chosen not to enroll in the Virginia Tech policy, my support from the Virginia Tech global safety team will be limited in the case of an emergency.

By making this request, I accept full responsibility for the results of any incident that occurs while abroad. I further agree to hold harmless and covenant not to bring any claims against Virginia Tech and the Commonwealth of Virginia and respective employees, students, and agents for my election to waive this offering.

Traveler Signature: _____ Date: _____

Third-Party Program Study Abroad Participants

Only complete the following if you are participating in a study abroad program through a third-party provider that (1) required enrollment in an insurance policy through that program, and (2) that policy includes the below listed benefits.

Name of Third-Part	v Provider:

Name of Program and Host University: _____

Purchase of comprehensive emergency medical and se	ecurity insurand	ce coverage is:	
Included in the comprehensive program fee:	Yes	No	
Required of all participants in the program, in addition to program fee: Yes			No
Name of program required insurance carrier:			

Attach a copy of the required policy's summary of benefits and complete the following verification of benefits requirements.

Verification of Benefits Requirements

Criteria	Traveler Verification of Coverage (Initials)	GEO Staff Verification of Coverage (Initials)
Comprehensive emergency medical coverage up to \$500,000 per occurrence		
Coverage with no deductible or copay (to facilitate direct payment to providers without the need to carry large amounts of local currency)		
Evacuation benefit of \$250,000		
Return of mortal remains benefit of \$100,000		
Security benefit of \$250,000 per person per occurrence		
including military, political, personal threat (including assault), natural disaster		
Security benefit evacuation from the traveler's location, not from closest safe port of exit		
Security benefit includes "boots on the ground" support of security agents when necessary		

Global Safety Team Review

Request Approved: Yes No

Reason for approved or denied request: _____

Global Safet	ty Representative Signature:	Date:
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