

**CASPER COLLEGE INTERNATIONAL EDUCATION OFFICE**

**STUDENT INFORMATION SHEET**

**Name** \_\_\_\_\_  
Last First Middle

Citizenship: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
City Country

Date of Birth (M/D/Y) \_\_\_\_\_ Sex: Female/Male (Circle one)

**Passport Information**

Passport Number \_\_\_\_\_ Date of Issue (M/D/Y) \_\_\_\_\_

Place of Issue \_\_\_\_\_ Expiration Date (M/D/Y) \_\_\_\_\_  
City Country

Visa number (if applicable) \_\_\_\_\_ Dates Valid \_\_\_\_\_

**Insurance Information**

Medical Coverage

Name of Insurance Company issuing basic and major medical care and hospitalization coverage (\$50,000 minimum)

\_\_\_\_\_

Company's contact person and telephone number: \_\_\_\_\_

Your individual/ group policy number: \_\_\_\_\_

Medical Evacuation Coverage (\$10,000 minimum)

Yes \_\_\_ No \_\_\_ Does the company above include medical evacuation coverage?

If not, name of company issuing medical evacuation coverage \_\_\_\_\_

Company's contact person and telephone number \_\_\_\_\_

Your individual group policy number \_\_\_\_\_

Provide 24/7 toll-free emergency assistance number, if possible: \_\_\_\_\_

Please indicate the inclusive period that this insurance will be in effect. (The insurance coverage must be in effect at least from the planned date of your departure through the date of your return home.)

Start date \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) to  
End Date \_\_\_\_\_ (day) \_\_\_\_\_ month \_\_\_\_\_ (year).

Note: Please note that many overseas health providers will not process U.S. insurance claims, and will expect payment at the time of treatment. Students should have access to funds, such as credit cards, in the event that medical treatment is required while they are abroad.

I confirm that my policy provides coverage for basic major medical expenses, including accident and illness expenses, hospitalization and related benefits, and medical evacuation. It is valid in the country (ies) in which I will travel and study.

Your name (printed) \_\_\_\_\_

Your signature \_\_\_\_\_

Date \_\_\_\_\_