

INSURANCE AUTHORIZATION FORM
(To be completed by parent/guardian or policyholder)

All students participating in off-campus programs must have basic medical and accident insurance coverage at least equal to the coverage provided by the Claremont Colleges student accident insurance policy. Before completing this form, please check your insurance policy(ies) to ensure that the student is covered both en route and in Washington. **Please note: Your insurance company may require the student to pay up front for medical services and then submit claims for reimbursement. Please contact your insurance company for questions or additional information.**

Name of Student: _____ **CMC ID #:** _____

Birth Date: _____ **Semester in DC:** _____

Name of Policyholder: _____

Address: _____

Telephone: _____

Relationship to student: _____

Name of Insurance Co.: _____

Address: _____

Telephone: _____

Policy #: _____

This is to certify that my student is **adequately covered by the above medical and accident insurance** during the period the student is in Washington and en route.

My student is **not adequately covered by the above medical and accident insurance**. We plan to rectify this shortfall by taking the following steps:

Policy Holder Signature: _____ **Date:** _____

Please return this form to: Off-Campus Study, Claremont McKenna College
Heggblade Center, 850 Columbia Avenue, Claremont, CA 91711-6420
Phone: (909) 621-8267, Fax: (909) 607-8690
bnanning@cmc.edu