**Insurance Release Form**

If you **have** insurance, the denomination has secondary insurance that will cover deductibles, co-pays, and co-insurance that your personal insurance does not pay while you are in SCSC. (There is a form to fill out, and all receipts and EOBs must accompany it.) However, if you do not have insurance or you have an insurance plan that will not be in-network in the areas where you will be traveling, the SCSC committee encourages you to purchase additional insurance. (Examples of what won’t be covered: Canadian students with governmental insurance, US students traveling out of the US, plans with limited in-network options, state medical plans such as Medicaid, and Christian cost-sharing plans.) Since the denomination’s insurance will pick up secondary costs, the additional coverage plan may have a high deductible or a low maximum benefit. CHECK COSTS, AS THEY CONTINUE TO CHANGE.

Below are some low-cost insurance options. The plans below are less expensive than ***one*** ​ average doctor’s visit would be ***​without***​insurance coverage. ​You will be responsible for paying any medical bills that you incur while in SCSC that are not covered by insurance.

***For Canadian students:*** ​ *CANADIAN INSURANCE DOESN’T COVER YOU IN THE UNITED STATES.*

[www.coverme.com/products/travel-insurance-canadians.jsp](http://www.coverme.com/products/travel-insurance-canadians.jsp)​

[www.insubuy.com](http://www.insubuy.com/)​ ​*Inexpensive policies for visitors to the US. However, most do not cover pre-existing conditions. If you have any prior medical conditions, these policies might not be the best option. We have used this in the past, and they were fairly low cost.*

***For US students:***

<http://www.healthedeals.com/temporary-short-term-health-insurance>​ ​*These policies do not cover pre-existing conditions.*

***Jamaica Project:***

<http://www.imglobal.com/en/img-insurance/travel-medical-insurance/patriot-travel-medical-insurance.aspx>

<https://www.insuremytrip.com/>​ ​*Costs vary, also available for Canadian students.*

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**Select one of the options below:**

\_\_\_\_ I have valid medical insurance and have previously submitted a copy of my health insurance card and information.

\_\_\_\_ I have purchased temporary insurance (described above) and will forward a copy to the SCSC chair. \_\_\_\_ I do not have any insurance coverage and agree that I will be personally responsible for any medical costs incurred during my summer in SCSC.

By signing below, I agree that while in SCSC I will be responsible for all medical bills that are not covered by insurance.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_