PROOF OF HEALTH INSURANCE FOR STUDY ABROAD STUDENTS
SAM HOUSTON STATE UNIVERSITY
OFFICE OF INTERNATIONAL PROGRAMS

Student Name: ____________________________________ SAM ID: ______________________
Age: _______ Date of Birth (MM/DD/YY): _______/_____/______ Gender: _______
Phone: ___________________________ Email: ____________________________________

Health Insurance- Each student must have at least minimum emergency evacuation and repatriation insurance before traveling abroad. Call your insurance company before you leave to inquire about coverage while abroad. Some exchange universities/independent providers include health insurance for students. Please note on this form.

If you do not have health insurance coverage abroad, consider purchasing a plan from any of the following insurance companies for study abroad students:

1. HTH Worldwide: https://www.hthstudents.com/
2. iNext: www.inext.com
3. BETiNS: www.betins.com

Name of Health Insurance Company: __________________________________________
Policy # or ID#: __________________________________________________________

Insurance Card- Please attach a copy of your insurance card, or policy statement to this form as proof of your insurance coverage.

Return to:
Cassie Cure, Study Abroad Coordinator (cjc065@shsu.edu)
Farrington 116