



**Travel Health Insurance Information Form
Interdisciplinary Global Health Program, Maternal and Infant Health in
Morocco**

This form is due no later than **March 22, 2016** to the faculty program director, Ellen Amster, Department of History, Chester New Hall 616.

***YOU MUST ATTACH A PHOTOCOPY OF YOUR TRAVEL HEALTH INSURANCE PLAN AND PROOF OF PAYMENT TO THIS FORM.**

You must also keep a copy of this form and your health insurance for yourself and bring it with you to Morocco.

Personal information

Full name

Email Address

Date of Birth

Permanent Address

Home phone number

Cell phone number

Emergency contact: Full name

Relationship to you

Emergency contact, Email address

Emergency contact, Home phone

Cell phone number

Travel Health Insurance Information

Travel Health Insurance Coverage Provider (Company name)

Your Policy Number

Phone number of Travel Health Insurance Provider

Website URL of Travel Health Insurance Provider

Does your insurance company have to be notified **before** you have a medical procedure or medical evacuation? **Yes or no.**

Please write here also details for reimbursement from your company. This is **for you.**

ATTACH TO THIS FORM A COPY OF YOUR VALID TRAVEL HEALTH INSURANCE POLICY FOR MARCH 7-JUNE 5, 2016.

I am aware that I am responsible for my own travel health insurance, and I am familiar with the terms and conditions of my policy. I will bring a photocopy of this form and my insurance information with me on the program.

Full name: _____ Signature: _____

Date: _____

Please submit this completed form and proof of insurance to Dr. Amster at the address below no later than March 22, 2016

Ellen Amster, Director, Morocco Program
Department of History
Chester New Hall Room 616
1280 Main Street West, Hamilton, ON L8S 4L9

Phone: 905 525 9140 X24144

Email: amstere@mcmaster.ca