INTERNATIONAL TRAVEL
INSURANCE DECLARATION FORM

All students traveling internationally as part of a trip sponsored by Gordon-Conwell Theological Seminary should have proper travel insurance coverage. The Seminary does have a corporate insurance plan which will provide overarching coverage as follows:

- $10,000 of Accidental, Death and Dismemberment with an Aggregate of $100,000
- $5,000 for covered medical expenses with a $500 deductible each insured person each injury or sickness
- $100,000 covered expenses for Emergency Medical Evacuation each insured person each injury or sickness
- $10,000 covered expenses for emergency family travel each insured with an Aggregate of $25,000
- $20,000 covered expense for repatriation of remains for each insured person with an Aggregate of $100,000

However, each student is also encouraged to purchase supplemental individual travel insurance for their trip (above and beyond medical/health insurance coverage). Gordon-Conwell recommends the Atlas Travel Plan, but each student is welcome to research and select their own plan, or forgo additional coverage altogether. Please complete the form below and submit to the Global Programs Administrator (Box 201).

Participant’s Full Name (please print): ________________________________

☐ OPTION #1
I have purchased the Atlas travel insurance plan recommended by Gordon-Conwell Theological Seminary.

I have selected ATLAS TRAVEL PLAN (www.missionaryhealth.net/atlas.htm)

Policy #: ______________________________

☐ OPTION #2
I will be covered under the travel insurance plan provided by the organization with which I am partnering.

Partnering Mission Organization: __________________________________________

Insurance Provider: ______________________________________________________

Name of Policy Holder: ____________________________ Policy #: __________________

☐ OPTION #3
I have opted not to purchase additional individual travel insurance coverage and understand that some situations may not be covered by the Seminary insurance or my own personal medical/health insurance plan.

Participant’s Signature: ________________________________

If possible, please attach a copy of your travel insurance plan here. Thank you!