



Insurance Information and Authorization Form

Please download the form and use the fillable fields to complete the application electronically. Once completed, print, sign, and submit to the school program coordinator or trip organizer. This form is to be completed and signed by a parent/guardian if the participant is under 18 years of age. Please note that only original signatures will be accepted.

The CUC maintains an insurance policy with AIG Travel that provides general travel assistance and travel medical assistance, including provisions for international security evacuation and incidental leisure travel up to 15 days before or after the scheduled travel. Additional security evacuation/travel tracking services are provided by Red24 through a CUC policy. Red24 provides travel tracking and up-to-date security information and alerts. If a security evacuation were to be required, Red24 is the preferred vendor that AIG uses, although it is possible that the evacuation would be handled by another vendor. Should leisure travel exceed the covered 15 day window, CGU strongly advises international group travel participants to enroll for iNext International Supplemental Travel and Health Coverage. This additional coverage may be required for participation in some programs. On this form and in the spaces below, please provide information about your current health insurance carrier and policy. If you obtain iNext or other travel insurance, check here and append the policy information to this form.

Participant Name:

Insurance Company:

Employer/Group Name:
(If applicable)

Name of Policy Holder:

Policy Number:

Insurance Co. Telephone:

I authorize my insurance provider to share and exchange information with CGU personnel or other insurance providers in the coordination of my care and delivery of needed health services.

I understand that all information on this form will be kept strictly confidential and will be used only by authorized personnel in case of a medical emergency.

Signature: _____ Date: _____

Print Name: _____

Date of Birth: _____