

**International Internship Request
Acknowledgement of International Health Insurance**

Student Name: _____ I-Number _____

Location of International Experience (City/Country) _____

GeoBlue Worldwide Health Insurance is required for ALL international university-sponsored student travel. Upon approval of your international internship, you will automatically be enrolled in Geo Blue. The Travel Administration office will contact you with enrollment information. If you are a citizen of the country where your internship will take place, Geo Blue is not required. If plans change and you are not able to go on your internship, it is your responsibility to contact traveladmin@byui.edu to cancel your Geo Blue Insurance.

Please acknowledge and verify the following:

I acknowledge that I will be required to obtain GeoBlue Worldwide Health Insurance through BYU-Idaho in addition to any other health insurance coverage I may already have while fulfilling my international internship. I further acknowledge that proof of GeoBlue insurance must be verified prior to and as a condition for receiving authorization to register for my internship course, which is required for obtaining internship credit.

BYU-Idaho also requires students to have personal health insurance. Please acknowledge and verify one of the following regarding your personal health insurance:

While on my internship, I will be covered by health insurance through Deseret Mutual Benefit Administrators (DMBA) / BYU-Idaho Health Insurance. I am familiar with DMBA's policies regarding health insurance and coverage while traveling internationally, and I understand that I may be responsible for the costs of any health care I receive while out of the United States, and these costs may be reimbursed to me by submitting the proper documentation to DMBA upon my return.

OR

While on my internship, I will be covered by private health insurance through _____ (company name). I am familiar with this company's policies regarding health insurance and coverage while traveling internationally, and understand my responsibilities for acquiring and paying for any health care I receive while out of the United States.

OR

I am registered with BYU-Idaho as an Online Student and not required to carry personal health insurance. I therefore request that this requirement be waived.

Signature _____ Date _____