

Internship or Trainee Program Travel Medical Insurance



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Your Internship or Trainee Program includes medical insurance for the length of your program. However it is recommended that you purchase additional insurance if you:

- Travel after your program date,
- Extend the length of your program, or
- Train at a location that recommends ski insurance.

Insurance Details: Please see the AAG website for details of the insurance, including how to use it, coverage and deductible amounts.

http://www.allianceabroad.com/participants/insurance_Bulstrad.htm

Eligibility and Length: You are eligible for this insurance as long as you are outside of your home country.

What is the Cost of the Insurance? The cost of the insurance is:

- Ski insurance less than 4 months: \$45 per month
- Ski insurance more than 4 months: \$25 per month
- Program extension insurance: \$60 per month

What do I need to do to sign up? You need to fill out the attached page with the exact dates that you want the insurance and the type of insurance. We need to have this form faxed or emailed back to us no later than two weeks prior to your requested start date. Payment in full is required at the time of the request. You can send us a check, money order, or you can provide a credit or debit card information. The insurance will not be requested until payment is verified. Once your insurance has been requested, we will send you a verification email.

- Please fax the attached sheet to: 512-628-6118, Attn: Internship Department
- Or scan and email to: Internship@allianceabroad.com
- Or mail to: Internship/Trainee Dept
Alliance Abroad Group
1221 S Mopac Expwy, Suite 100
Austin, TX 78739

**Internship or Trainee Program
Insurance Credit Card Payment Form**



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Please select your relationship to the participant:

J-1 Participant Partner/Agency Overseas Other party (explain relationship): _____

Participant Name: _____ Participant Phone: _____

Participant E-mail Address: _____ Participant ID #: _____

Partner Name/ Agency Overseas Organization: _____

Please select all that apply:

Ski Insurance Less than 4 months Ski Insurance More than 4 months J-1 Program Insurance Extension

Ski Insurance Less than 4 months \$45 USD per month	Ski Insurance More than 4 Months \$25 USD per month	J-1 Program Extension Insurance \$60 USD per month
Number of Months: _____	Number of Months: _____	Number of Months: _____
Total (\$45XMonths): _____	Total (\$25XMonths): _____	Total (\$60XMonths): _____
Start Date: ____/____/____	Start Date: ____/____/____	Start Date: ____/____/____
End Date: ____/____/____	End Date: ____/____/____	End Date: ____/____/____

*Note: If less than two weeks of a month is requested, the cost will be split in half. If the time requested is two weeks or more, the full monthly amount will be charged.

Credit Card Info

Date Submitted (MM/DD/YY): ____/____/____

Cardholder's name: _____ Phone Number: _____

Card Type: American Express MasterCard Visa

Card Number: _____

Credit Card Expiration Date: ____/____

Security Code (last 3 digits on the back of the card): ____ _

Amount to be billed: \$ _____

I hereby authorize Alliance Abroad Group to charge \$ _____ to the above referenced credit card.

Cardholder's Signature

Date

*****OFFICE USE ONLY*****

Internship/Trainee Department Signature

Date

Finance Department Signature

Date

Date processed:

Authorization Number: