



Biological  
Discovery  
in Woods Hole



THE UNIVERSITY OF  
CHICAGO

## Whale Program HEALTH INSURANCE COVERAGE FORM

All students participating in the off-campus Autumn Quarter Whale Program must complete this entire form and submit it with their application. Students who fail to submit the Insurance Coverage for the off-campus Autumn Quarter Program form will not be officially approved by the University of Chicago to participate in this joint University of Chicago / Marine Biological Laboratory (MBL) Whale Program.

Student Name: \_\_\_\_\_  
(First) (Middle) (Last)

As a participant in the Whale Program through the University of Chicago and MBL, I acknowledge and accept the University's policy that requires me to have comprehensive health insurance for the time that I am at the MBL. Therefore, I elect one of the following options:

I am covered by the University of Chicago Student Health Insurance Plan (U-SHIP).

I am covered by a comparable non-University of Chicago health insurance policy, which I have verified is valid in the program country.

Insurance Provider: \_\_\_\_\_

Policy number: \_\_\_\_\_

**\*\*\*A parent signature is required, regardless of participant's age.\*\*\***

I am the parent/legal guardian of the student and have read this form. I certify that this insurance is valid.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

I am 18 years of age or older. I have read and fully understand the above and I voluntarily sign this Agreement.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_

Please note: This form does not function as the University's insurance registration/waiver form. Students subscribing to or waiving the University's insurance do this as a separate on-line operation.