



FINANCIAL SERVICES

INTERNATIONAL EXCHANGE PROGRAM INSURANCE ACKNOWLEDGEMENT

Exchange Student Acknowledgement Form

Student Name: _____

Student Number: _____

This acknowledgement is to be completed by the student and returned to the International Exchange Program Coordinator prior to departing for the overseas destination. Please note that failure to submit this form may jeopardise the participants' ability to participate in the International Exchange program.

Please tick the boxes and sign the form to confirm your full understanding of the insurable and uninsurable risks.

I have been provided with a copy of the Travel Insurance Schedule of Benefits, including exclusion details and am aware of the insurable risks associated with the program	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I understand that I must arrange my own travel insurance for any length of stay over 180 days	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am aware of the various cultural differences and understand that I must abide by the customs, laws & regulations of the country to which I am travelling.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I understand and acknowledge that any medical expenses incurred by me as a result of a pre-existing medical condition may not recoverable from the University's travel insurer.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have/will seek appropriate medical advice regarding any medical condition(s) I have, or may develop and the risks associated with my participation in the exchange program, and have, if necessary a Medical Clearance to this effect.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I the Insured traveller have read and understood the ACE Product Disclosure Statement (PDS) and ACE Policy Wording.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I indemnify and hold harmless University of Wollongong from any loss, lost, expense or damage suffered or incurred by it as a consequence of my failure to make a true and full disclosure of any relevant information, including information relating to any pre-existing medical condition(s) I may have.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In case of an emergency, the following person is to be contacted:

EMERGENCY CONTACT DETAILS:

Full Name: _____		
☎ Home: _____	☎ Work: _____	☎ Mobile: _____

Full Name: _____	Student Number: _____
Signature: _____	Date: ____/____/____
For participants under the age of 18:	
Parent/Guardian Full Name: _____	
Signature: _____	Date: ____/____/____

Privacy: The University of Wollongong is committed to protecting your privacy. The information provided in this form will be managed in accordance with the University's Privacy Policy <http://www.uow.edu.au/about/privacy/> and will only be used for the purpose of managing your international exchange program.