25800 Carlos Bee Boulevard, Hayward, California 94542-3012 Telephone: (510) 885-2880/ Fax: (510) 885-2787 E-mail: study.abroad@csueastbay.edu

Study Abroad/NSE Program Medical Insurance Statement (CSUEB Bilateral Exchange, NSE Canada)

Name of Student		
Net ID	CSUEB Study Abroad Program	
Led Programs enroll for th	ce requires that CSU Students participating in study abroad exchange programs or Faculty Foreign Travel Insurance Program (FTIP) while studying abroad. It is important for you to policy and what the billing procedures are while you are abroad (in case of emergency and	
Canada, or Faculty Led P Management Office, and v	n exchange program through Middlesex, Okayama, Chung-Ang, ESSCA, NSE program in ogram You will be enrolled in the Foreign Travel Insurance Program through CSUEB's Risk ill be required to pay for the insurance premium prior to departing the U.S. Please call an appointment with Le Shawn Cheatham to complete your additional insurance	
The following information	nay be necessary in the eve@048005@ri)3(or to)454 84.07 ETBT2moe be necn	

case of an emergency.	
Name:	Daytime phone number:
Email:	
Student Signature	Date
Name (Printed)	

Please provide the name, telephone number and email address of a parent or guardian who may be contacted in