

**INESLE - Spanish Summer Program in Madrid - SPAIN**

**HEALTH INSURANCE INFORMATION - Form** **5**

All Spanish Program students at INESLE Madrid are covered for the health insurance that is fully explained at this form. The coverage period is June 25<sup>th</sup> - July 24<sup>th</sup>, 2016.

*Please Print or Type*

Student's name

\_\_\_\_\_

*Last*

*First*

*Middle*

Gender:  M  F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Month Day Year*

Home Address:

\_\_\_\_\_

*Street and Number Apt. #*

\_\_\_\_\_

*City*

*State*

*Zip*

*Country*

*Applicant:* E-mail Address \_\_\_\_\_ Cell phone \_\_\_\_\_

*Father:* E-mail Address \_\_\_\_\_ Cell phone \_\_\_\_\_

*Mother:* E-mail Address \_\_\_\_\_ Cell phone \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

**Authorization to pay benefits to physician or hospital:**

I hereby authorize the insurance company to pay directly to the physician or hospital any medical and/or surgical benefits otherwise payable to me for services described, realizing I am responsible for paying for non-covered services. I understand I am responsible for medical expenses incurred during my child's enrollment at INESLE Madrid.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

## Health Insurance Information

### “STUDY PLUS STUDENTS INSURANCE POLICY”

MOST IMPORTANT COVERS. Travel assistance anywhere in the world:

- 1. Cost of care due to illness or accident .....UNLIMITED
- 2. Physiotherapy costs/chiropracty -Duration of stay: less than 3 months ..... 200 €
- 3. Emergency dental treatment - Duration of stay: less than 3 months ..... 200 €
- 4. Dental care necessitated by an accident ..... 600 €
- 5. Disfigurement Compensation ..... 17.000 €
- 6. Ambulance Costs in connection with treatment ..... UNLIMITED
- 7. Medical transfer or repatriation of injured or ill persons ..... UNLIMITED
- 8. Repatriation or transportation of the deceased Insured ..... UNLIMITED
- 9. Costs of visit by family members (max. 2 members) in the case of hospitalization (more than 5 days) - Trip cost ..... UNLIMITED - Subsistence cost (75 €/day) ..... 750 €
- 10. Convalescence at a Hotel (75€/day)..... 750 €
- 11. Curtailment due to death of a family member ..... UNLIMITED
- 12. Curtailment due to the hospitalization of a family member ..... UNLIMITED
- 13. Theft and material damage to luggage ..... 2.800 €
- - Personal effects ..... 960 €
- 14. Searching for, locating and forwarding missing luggage ..... INCLUDED
- 15. Costs incurred due to delay in the receiving of baggage (100 €/24 hours) up until a limit of 500 €
- 16. Costs incurred due to delay of journey/travel (75 € each 6 hours) up until a limit of .. 300 €
- 17. Compensation in the case of death as a result of accidents which befall the Insured during trips ..... 15.000 €
- 18. Compensation in the case of permanent disability as a result of accidents which befall the Insured during trips ..... 85.000 €
- 19. Public liability ..... 1.000.000 €
- 20. Legal expenses ..... 50.000 €

The signatures below indicate and acknowledge that we have read, understand and agree to the contents of this Insurance policy.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Return to:

INESLE Madrid - Carlos Aguado  
Avda. Monasterio de El Escorial, 35 -H- 4ºB  
28049 Madrid - ESPAÑA