

**TRAVEL INSURANCE RESPONSE FORM
MIAMI UNIVERSITY ALUMNI ASSOCIATION**

Name of Tour: _____ Departure Date: _____

Name(s) of travelers _____

If you are currently covered by Medicare, it is important to know Medicare **does not** cover you outside the U.S. Do you have supplemental insurance that covers health care expenses outside the U.S.? _____ (initial)

Name of Insurance Company _____ Policy #: _____

I/We have purchased the Travel Insurance Select insurance in conjunction with the Miami University Alumni Association tour listed above.

Signature: _____ Date _____

Signature: _____ Date _____

In declining the purchase of insurance coverage offered through Miami University Alumni Association, I/we, the undersigned, will not hold the Miami University Alumni Association and/or its agents responsible for any expenses incurred by me resulting from cancellation of my trip, accident, sickness, stolen or damaged baggage.

Signature: _____ Date _____

Signature: _____ Date _____

Name of relative or friend to contact, if necessary, while you are on the trip:	
Name _____	
(relationship) _____	
Address _____	City _____
State _____	
Home Phone _____	Office Phone _____
Cell Phone _____	

Please complete and return this form by mail to Miami University Alumni Association, 725 E. Chestnut St., Oxford, OH 45056-2480 or fax 513-529-1466.