

PLEASE NOTE:
 THIS IS ACCIDENT COVERAGE ONLY –
 (NO BENEFITS WILL BE PAID FOR ILLNESS OR DISEASE)

University of Utah Selective Travel Insurance
 Underwritten by AIG Insurance

Name _____ Address _____

Beneficiary _____ Relationship _____

Amount of Accidental Death Coverage \$ _____ ** See Chart Below

Dates of Coverage: _____ to _____ Total # of Days _____

Medical Expense Benefit: _____ \$500 (\$.50 per day) _____ \$1,000 (\$.75 per day)**

Premium - Accidental Death Coverage \$ _____

Premium – Medical Coverage \$ _____

Total Premium \$ _____

(PLEASE NOTE THAT MEDICAL BENEFITS CANNOT BE TAKEN WITHOUT
 ACCIDENTAL DEATH COVERAGE)

****COST OF COVERAGE – AD&D**

<u>Days of Coverage</u>	<u>\$10,000</u> (Student Maximum)	<u>\$25,000</u> (Faculty and Staff Only)	<u>\$50,000</u>
1 to 7	\$.40/day	\$1.00	\$2.00
8 to 10	\$3.00	\$7.50	\$15.00
11 to 15	\$3.60	\$9.00	\$18.00
16 to 21	\$4.60	\$11.50	\$23.00
Over 21 days	+ .20/day	+ .60/day	+ 1.10/day

COST OF COVERAGE – MEDICAL BENEFITS

** These costs apply to regular activities only – see High Risk Schedule below

High Risk Activities – include rock climbing, rafting, skiing and all Wilderness
 Adventure courses:

_____ \$500 (\$1.20 per day)

_____ \$1,000 (\$1.50 per day)

Submit form and payment to Income Accounting-165 SSB (Tuition office)