One of the requirements for participation in a Politics and Government Professional Practice internship is that each student has adequate health/accident insurance coverage in force during the entire period of participation. Coverage must be either privately procured or obtained through the University’s Group Health Insurance plan. Your signature below attests to your acknowledgement and acceptance of the following statement:

I understand that any medical or dental expenses incurred while participating in the Professional Practice program are my sole responsibility, not that of Illinois State University, the Board of Trustees, or their agents or employees. I understand that it is my responsibility to pay any expenses which may not be covered by insurance payments made on my behalf.

If you will not have ISU’s insurance, you should review your policy’s coverage to determine its adequacy. In this case, a copy of an insurance card or other verification of insurance coverage MUST be attached to this form. The department will retain a copy of verification along with this form which must be submitted to Dr. Riverstone-Newell BEFORE beginning your internship.

CHECK THE ONE THAT APPLIES:

_____ I will be covered for the entire period of my participation by ISU student insurance.

_____ I am not covered by ISU student insurance but have attached verification of my privately secured policy applicable to my entire period of internship.

_____ I have both ISU’s student group plan and another policy (attach verification).

Signature  __________________________________________________________
Printed Name  _______________________________________________________
Date  _______________________________________________________________