

**Proof of Medical Evacuation/Repatriation Insurance – Flight Form
Gettysburg College Off-Campus Studies**

I will be studying abroad on _____
(Program Name)

During this time, I understand that I will be covered under the ACE America Insurance Company's ACE Travel Assistance Plan. I understand that my student account will be billed for the number of months I will be abroad. I have listed my departure date from the US and my expected return date. I have included any personal travel time before or after my program. These dates will be used to plan my coverage.

Coverage Dates:

Departure flight name and number: _____

Departure date: _____

Departure time: _____

Return flight name and number: _____

Return date: _____

Return time: _____

Student Signature: _____

Print Name: _____

Date: _____

(If any of this information changes, please notify our office)

**This form must be returned as soon as you have your flight information
(please do not return this form without complete information)**

Please return this form to the Office of Off Campus Studies, Box 421,
Gettysburg College, Gettysburg, PA 17325.