LINGNAN UNIVERSITY
OFFICE OF GLOBAL EDUCATION

Room AD208/1, 2nd Floor, Wong Administration Building, Tuen Mun, Hong Kong
Telephone: (852) 2616-8990, Facsimile: (852) 2465-9660, Email: oge@LN.edu.hk

Student Exchange Programme
Insurance Compliance Form
(for Lingnan University Students)

I acknowledge that I must obtain sufficient medical and accident insurance and provide proof to both the host institution and the Office of Global Education at Lingnan University before my departure. This insurance must cover the cost of medical care during my exchange period.
Please choose **one** of the options below:

( ) I have enrolled for the medical and accident insurance at the host institution. I will furnish proof of coverage to the Office of Global Education at Lingnan University before departure.

( ) I will buy medical and accident insurance when I arrive at the host institution. I will provide proof of coverage to the Office of Global Education at Lingnan University upon arrival.

( ) I have obtained medical and accident insurance covering the duration of my exchange programme from a local insurance agent. I will provide proof of coverage to the Office of Global Education at Lingnan University before departure, as well as to the host institution upon arrival.

( ) I will obtain medical and accident insurance covering the duration of my exchange programme from a local insurance agent. I will provide proof of coverage to the Office of Global Education at Lingnan University before departure, as well as to the host institution upon arrival.

My insurance arrangement is as follows (please ✓ as appropriate):

Name: _____

Student No.: _____

Signature: _____

Date: _____

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