

Volunteer Kenya
Inter-Community Development Involvement (ICODEI)

Proof of Health Insurance Agreement

As a participant in the ICODEI volunteer program, we recommend, but do not require, that you be enrolled in a health insurance plan that will cover you during your time in Kenya, as well as any other countries (including, but not limited to, Tanzania, and Uganda) that you may choose to visit during your trip to Kenya. Among many other insurance companies, International Medical Group, Inc. offers medical coverage for people traveling abroad from 15 days to one year. The Patriot International plan provides worldwide coverage and the choice to seek treatment anywhere in the world except the United States. Emergency Evacuation, Repatriation, Emergency Reunion and Accidental Death & Dismemberment are included in the plan. There are many other companies and options that you should review prior to making any decision on international travel insurance. Please initial one of the following paragraphs whereby you certify that:

_____ No, I do not plan on purchasing medical/health travel insurance for my trip. I have consulted my health care provider and am covered under my current health insurance policy or I have consulted family members and decided that I do not want to have medical/health insurance for my trip. I will personally pay for all costs that may be incurred for treatment of any illness, disease, or injury that happens to me while in Africa. I understand that neither Volunteer Kenya nor ICODEI will be responsible for paying any costs on my behalf.

_____ Yes, I have purchased medical/health insurance from a travel insurance provider that will cover my during my time in Kenya and for any other countries I may chose to travel to during my trip.

I certify that I am eighteen years of age or older, that I have read and understood the foregoing, that I have been given an opportunity to confer with counsel and a healthcare provider of my choosing concerning the foregoing, and that I execute this agreement voluntarily.

Volunteer's Name (Printed):

Signature:

Date: