



Internship Program Packet - International Internship Addendum

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Updated: August 4, 2016

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INTERNATIONAL INTERNSHIP GUIDELINES

- The Schar School of Policy and Government will work with students who wish to obtain academic credit for an international internship.
- For students to obtain academic credit for an international internship, they must submit the four materials listed in the Graduate Internship Program Packet < <http://schar.gmu.edu/current-students/career-services/the-internship-program/>> and the additional materials listed below:
 - **International Travel Advisory, Assumption of Risk and Waiver form**
 - **Health Insurance and Evacuation Insurance Verification form**
- The Schar School of Policy and Government reserves the right to deny internship placements. Schar School also reserves the right to deny academic credit for internships in a geographic region it deems unsafe for students. For further information, please see the US State Department Travel Advisories page of this packet. You should also further discuss this issue with Duane Bradshaw.
- Students seeking academic credit for an international internship must show proof of Health Insurance and Evacuation and Repatriation Insurance. If you do not have these two types of insurance, it can be purchased at the university through Aetna Student Health and On Call International at <<https://www.aetnastudenthealth.com/students/student-connection.aspx?GroupID=724536>> or submitting the form on page 8 of this addendum. Information about these services is provided at the end of this packet.

US State Department Travel Advisories

When considering an international internship, students should consult with the US State Department concerning current travel warnings. Depending on the state of security in a country, internships for academic credit may not be allowed. The current list of US State Department travel warnings are listed below. For further information, please visit the Current Travel Warnings website at <<https://travel.state.gov/content/passports/en/alertswarnings.html>>.

*For undergraduate students, please see Ann Ludwick for additional details and discussion.

**For graduate students, please see Duane Bradshaw for additional details and discussion.

<u>Country</u>	<u>Date of Travel Advisory</u>
Afghanistan	06/22/2016
Algeria	03/01/2016
Bangladesh	07/10/2016
Burkina Faso	01/20/2016
Burundi	03/11/2016
Cameroon	12/22/2015
Central African Republic	04/14/2016
Chad	04/18/2016
Colombia	04/05/2016
Congo, Democratic Republic of the	12/04/2015
El Salvador	01/15/2016
Eritrea	05/06/2015
Haiti	07/18/2016
Honduras	10/30/2015
Iran	03/14/2016
Iraq	07/06/2016
Israel, the West Bank and Gaza	12/16/2015
Kenya	06/30/2016
Laos	07/01/2016
Lebanon	07/29/2016
Libya	06/09/2016
Mali	07/01/2016
Mauritania	02/23/2016
Mexico	04/15/2016
Niger	01/21/2016
Nigeria	08/03/2016
North Korea	05/16/2016
Pakistan	04/07/2016
Philippines	04/21/2016
Republic of South Sudan	07/10/2016
Saudi Arabia	07/27/2016
Somalia	05/24/2016
Sudan	01/21/2016
Syria	03/31/2016
Tunisia	04/01/2016
Turkey	07/18/2016
Ukraine	06/17/2016
Venezuela	07/07/2016
Yemen	06/28/2016

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INTERNATIONAL TRAVEL ADVISORY, ASSUMPTION OF RISK AND WAIVER

I have voluntarily and freely elected to travel to the country of _____ during (dates) _____ in order to participate in research, course work, or other academic pursuits.

I am aware that the United States Department of State has issued a Travel Warning for the country of _____, and that the Department of State recommends that Americans defer non-essential travel to this country. I confirm that I have read and understand this Travel Warning and consulted the U.S. Department of Consular Affairs website for this country and that, despite this travel warning, I have made the decision to proceed.

I recognize that there are risks associated with all international travel. I further understand and acknowledge that travel to _____ at this time exposes me to risks of a greater likelihood and magnitude than those normally associated with international travel. These risks include, but are not limited to, those described within the State Department Travel Warning, as well as risks associated with ground, air or water transportation, adverse weather conditions, communicable disease, medical care, substandard building construction or maintenance, civil unrest, terrorism, war, and negligent or criminal acts of third parties. I understand that should any of these adverse circumstances occur, the result could include bodily injury, death, or property damage. I recognize that George Mason University ("Mason") cannot guarantee my safety.

I understand and acknowledge that this travel is wholly voluntary and that I am not required to travel to this location in order to satisfy any academic requirements of Mason. I hereby voluntarily assume full responsibility for any loss, property damage or personal injury, including death that may be sustained by me as a result of this study abroad. I hereby agree to release, indemnify and hold harmless Mason, its officers, employees, agents and representatives, from any and all claims, demands or causes of action, and all expenses incidental thereto (including attorney's fees), based upon or arising out of any loss, property damage or personal injury, including death, caused by or resulting in any way from study abroad.

With the intent to be legally bound, I acknowledge and represent that I have read this Memorandum of Understanding / Waiver and Release, that I understand same, and that I voluntarily sign below in order to demonstrate my agreement with the terms set forth herein, with full knowledge of the possible risks associated with study abroad.

Participant's Name (Please print or type)

Student ID Number

Signature of Student Participant

Date

Witness of Student's Signature

Date

Name of Witness (Please print or type)

HEALTH INSURANCE AND EVACUATION INSURANCE VERIFICATION

Schar School requires students to maintain sufficient health insurance and evacuation and repatriation coverage for the duration of international internships. Evacuation and repatriation coverage is available for students to purchase through Aetna Student Health. Please see Duane Bradshaw for additional details.

Student Name: _____

Health Insurance Provider: _____

Policy Holder's Name: _____

Policy Number and Effective Date of Coverage: _____

Evacuation and Repatriation Coverage Provider: _____

Policy Number and Effective Date of Coverage: _____

****ATTACH A COPY OF YOUR IDENTIFICATION CARD FOR BOTH INSURANCE PLANS ****

On Call International

Aetna Student Health has contracted with On Call International (On Call) to provide Covered Persons with access to certain accidental death and dismemberment benefits, worldwide emergency travel assistance services and other benefits. A brief description of these benefits is outlined below.

Accidental Death and Dismemberment (ADD) Benefits. These benefits are underwritten by United States Fire Insurance Company (USFIC) and include the following: Benefits are payable for the Accidental Death and Dismemberment of Covered Persons, up to a maximum of \$10,000.

Medical Evacuation and Repatriation (MER) Benefits. The following benefits are underwritten by Virginia Surety Company (VSC), with medical and travel assistance services provided by On Call. These benefits are designed to assist Covered Persons when traveling more than 100 miles from home, anywhere in the world.

- Unlimited Emergency Medical Evacuation
- Unlimited Medically Supervised Repatriation (while traveling or on campus)
- Unlimited Return of Mortal Remains (while traveling or on campus)
- \$2,500 Joining of Ill Family Member Accommodations
- Return of Traveling Companion

Worldwide Emergency Travel Assistance (WETA) Services. On Call provides the following travel assistance services:

- 24/7 Emergency Travel Arrangements
- Translation Assistance
- Emergency Travel Funds Assistance
- Lost Luggage and Travel Documents Assistance 33
- Assistance with Replacement of Credit Card/Travelers Checks
- 24/7 U.S. Nurse Help Line
- Medical/Dental/Pharmacy Referral Service
- Hospital Deposit Arrangements
- Dispatch of Physician
- Emergency Medical Record Assistance

The On Call International Operations Center can be reached 24 hours a day, 365 days a year.

The information contained above is a just summary of the ADD, MER and WETA benefits and services available through On Call, USFIC and VSC. For a copy of the plan documents applicable to the ADD, MER and WETA coverage, including a full description of coverage, exclusions and limitations, please contact Aetna Student Health at www.aetnastudenthealth.com or 800-966-7772.

NOTE: In order to obtain coverage, all MER and WETA services must be provided and arranged through On Call. Reimbursement will not be provided for any services not provided and arranged through On Call. Although certain emergency medical services may be covered under the terms of the Covered Person's student health insurance plan (the "Plan"), neither On Call, USFIC nor WETA provides coverage for emergency medical treatment rendered by doctors, hospitals, pharmacies or other health care providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions and limitations may apply. To file a claim for ADD benefits, or to obtain MER and WETA benefits/services, or for any questions related to those benefits/services, please call On Call International at the following numbers listed on the On Call ID card provided to Covered Persons when they enroll in the Plan: Toll Free 1-866-525-1956 or collect 1-603-328-1956. All Covered Persons should carry their On Call ID card when traveling.

Aetna Student Health and On Call are independent contractors and not employees or agents of the other. Aetna Student Health provides access to ADD, MER and WETA benefits/services through a contractual arrangement with On Call. However, neither Aetna Student Health nor any of its affiliates provides or administers ADD, MER or WETA benefits/services and neither Aetna Student Health nor any of its affiliates is responsible in any way for the benefits/services provided by or through On Call, USFIC or VSC. Premiums/fees for benefits/services provided through On Call, USFIC and VSC are included in the Rates outlined in this brochure.

**These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.*

