



Insurance Coverage Confirmation

Exchange Visitor Name(s):	
Insurance Coverage Start Date:	Insurance Coverage End Date:
Insurance Policy Name:	
Insurance Policy Number:	

Insurance Coverage	Minimum Level	Please Select Yes or No	
Accident or Illness	At least \$100,000 per incident	Yes	No
	Deductible not more than \$500 per incident	Yes	No
	Co-payment not more than 25% of benefit	Yes	No
Emergency medical evacuation to home country	At least \$50,000	Yes	No
Repatriation of remains	At least \$25,000	Yes	No

Insurance Coverage	Minimum Level	Actual Rating
Claims paying ability rating (U.S.-based insurance company)	<ul style="list-style-type: none"> A.M. Best rating of "A-" or 	<input type="checkbox"/> A.M. Best Rating: _____
	<ul style="list-style-type: none"> Insurance Solvency International, Ltd (ISI) of "A-i" or 	<input type="checkbox"/> ISI Rating: _____
	<ul style="list-style-type: none"> Standard & Poor's Claims-paying Ability rating of "A-" or 	<input type="checkbox"/> Standard & Poor's Rating: _____
	<ul style="list-style-type: none"> Weiss Research, Inc. rating of "B+" 	<input type="checkbox"/> Weiss Research Rating: _____
Insurance Coverage	Minimum Level	
U.S. Government-based coverage	Offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.	<input type="checkbox"/> U.S. government coverage
Foreign-based insurance company	Backed by the full faith and credit of the government of the exchange visitor's home country	<input type="checkbox"/> Foreign government coverage

We certify the above named person(s) has obtained the coverage described for their stay in the United States and that the actual coverage as detailed in the original policy at least matches or exceeds the limits mentioned in this form.

 Signature of Host or Insurance Representative

 Date

 Print Name

 Contact Phone Number