Insurance Coverage Confirmation

Exchange Visitor Name(s):	
Insurance Coverage Start Date:	Insurance Coverage End Date:
Insurance Policy Name:	
Insurance Policy Number:	
Who is the underwriter of the insurance corportation?	

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)	▪ A.M. Best rating of “A-” or	☐ A.M. Best Rating: _______
	▪ Insurance Solvency International, Ltd (ISI) of “A-i” or	☐ ISI Rating: _______
	▪ Standard & Poor’s Claims-paying Ability rating of “A-” or	☐ Standard & Poor’s Rating: _______
	▪ Weiss Research, Inc. rating of “B+”	☐ 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.	☐ 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	☐ 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