

EAST-WEST CENTER EXCHANGE VISITOR VERIFICATION OF INSURANCE
(This form must be completed by the health insurance provider's authorized agent/employee)

EXCHANGE VISITOR'S NAME & Other insured under the same policy: _____

Attach copy of policy (in English) that includes name(s), policy number, coverage dates, & summary of benefits.

If you choose to provide your own health, repatriation, and medical evacuation insurance, the following outline of the insurance coverage must be completed and signed by your Insurance Provider. The conditions and requirements listed below meet the minimum coverage required by U.S. federal regulations. To qualify, the limits must either be guaranteed **IN US DOLLARS**, or be designated **'unlimited'**. *If 'unlimited,' please check Yes.*

- 1) Does the insurance provide a **minimum of US\$100,000 per accident/illness**? Yes No
- 2) Does insurance cover hospitalization or inpatient care, outpatient care, doctor visits, and outpatient surgery? Yes No
- 3) Does the insurance provide **\$25,000 for repatriation of remains**? Yes No
- 4) Does the insurance provide **\$50,000 for medical evacuation to the home country**? Yes No
- 5) Does this insurance have a **deductible** (i.e., the amount to be paid by the patient before the insurer will provide coverage) that is **equal to or less than \$500** per accident/illness? Yes No What is the deductible amount? \$ _____
- 6) Does this insurance have a **co-payment** (i.e., the percentage of the cost of the accident/illness to be paid by the patient) that is **equal to or less than 25%**. Yes No What is the percentage to be paid by the patient? _____ %
- 7) Any insurance policy secured to fulfill the above requirements **must be underwritten by an insurance corporation** having one of the following ratings:
 - a) A.M. Best rating of "A-" or above
 - b) Insurance Solvency International, Ltd. (ISI) rating of 'A-1'
 - c) Standard & Poor's Claims-paying Ability rating of 'A-' or above
 - d) Weiss Research, Inc. rating of B+ or above
 - e) other rating service as the Agency may from time to time specify
 - f) Insurance coverage backed by the full faith and credit of the government of the exchange visitor's home country shall be deemed to meet this requirement.Does this insurance meet this requirement? Yes Indicate appropriate rating: a b c d e f No
- 8) The insurance in effect must cover the exchange visitor for sickness or accident during the period of time that the visitor participates in the exchange program. Please indicate the time limits of coverage:
Starting date: _____ **Ending date:** _____

Please TYPE/PRINT CLEARLY in case of medical emergency/billing purposes.

Insurance Agent Company NAME

Insurance Agent TITLE/POSITION in company

Insurance Agent NAME in print & SIGNATURE

Insurance Agent ADDRESS (street, city, state, country, postal code)

Insurance Agent TELEPHONE & FAX NUMBER (including city code)

Insurance Agent EMAIL Address:

INSURANCE AGENT STAMP