



## Scholars Insurance Compliance Form

<b>Scholar's Information:</b>	
<b>Scholar's Last Name:</b>	
<b>Scholar's First Name:</b>	
<b>Start date of coverage:</b>	
<b>End date of coverage:</b>	
<b>Insurance Company Contact Information:</b>	
<b>Insurance Provider's Name:</b>	
<b>Insurance Company Address:</b>	
<b>Insurance Company Phone:</b>	
<b>Insurance Company Fax:</b>	
<b>Contact Information for Insurance Company Employee Completing This Form:</b>	
<b>Contact's Name</b>	
<b>Contact's Signature</b>	
<b>Contact's Title</b>	
<b>Contact's Email</b>	
<b>Contact's Phone #</b>	

### US Department of State Health Insurance Requirements

**Please indicate below whether or not the insurance plan purchased by the scholar meets each of the following:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical benefits of <b>at least</b> \$100,000 per accident or illness
<input type="checkbox"/> Yes <input type="checkbox"/> No	Repatriation of remains in the amount of \$25,000
<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000
<input type="checkbox"/> Yes <input type="checkbox"/> No	A deductible not to exceed \$500 per accident or illness
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this policy Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above; a Weiss Research, Inc. rating of "B+" or above; a Fitch Ratings, Inc. rating of "A-" or above; a Moody's Investor Services rating of "A3" or above?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered "No" to the question above, is the insurance policy/plan/contract backed by the full faith and credit of the government of the exchange visitor's home country?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Affordable Care Act (ACA) Compliant?