

**Name of the Insurance**  
**Address of the Insurance**  
.....

## Certificate

Our Customer: *Name*

Birth Date: *month/day/year*

We confirm that this named person is insured.

Policy number: *XXXXXXXX*      Duration from: *month/day/year* until: *month/day/year*

### **Health Insurance for Medical Care during student's academic studies in the U.S.**

Insurance benefits:

1. A hundred percent (100%) coverage of cost incurred abroad with a minimum amount of \$100,000 (USD) for:

- a) medical care
- b) drugs and bandaging material
- c) remedies
- d) x-ray treatment, radiotherapy and radio diagnostics
- e) hospitalization
- f) ambulance service to the nearest appropriate hospital
- g) Pain-relieving dental care and simple fillings

2. Furthermore, the insurance company pays for:

- a) return transport up to Amount *XXX*
- b) body transfer up to Amount *XXX*

If an authorized air-ambulance is required for transporting the sick person, no maximum amount will be applied. It is always necessary to choose the most economical means of transportation for a return transport as far as possible for medial reasons.

3. Third-party liability and accident insurance

**4. We confirm that payments will be made directly from the insurance company to the medical provider.**

Contact: *give emergency contact name, address, phone of the insurance company – preferably in the U.S.*