CONFIRMATION OF INSURANCE COVERAGE, VALID WORLDWIDE AND IN THE UNITED STATES OF **AMERICA**

LAST NAME, FIRST NAME DATE OF BIRTH

Student 01/01/2000

COUNTRY

INSURANCE CARRIER / Name und Adresse

Insurance Company Insurance Address

AGENCY IN USA POLICY NO.

INSURANCE TYPE M	IINIMUM REQUIRED COVERAGE	NAME OF INSURANCE COMPANY
ILLNESS AND ACCIDENT	US \$ 100,000.00	COMPLETE COVERAGE
DEDUCTIBLE	US \$ 500.00	NO DEDUCTIBLE
EMERGENCY MEDICAL EVACUATION FOR MEDICAL TREATMENT	N US \$ 50,000.00	COMPLETE COVERAGE
PREPARATION AND REPATRIATION REMAINS	OF US \$ 25,000.00	COMPLETE COVERAGE

INSURANCE COVERAGE STARTS ON AND IS VALID UNTIL

08-Aug-2022 08-Jan-2023

Insurance Partners is rated "AA" by Standard & Poors.

We certify that the above-named person has obtained the required insurance. This includes unlimited coverage for sickness, accident and evacuation in emergency if medically required and complete coverage for the preparation and repatriation of remains.

Signed by Insurance Representative