



# CHAMPLAIN COLLEGE

## *International Student Services*

Exchange Scholar Program  
Office of International Student Services  
Champlain College  
163 S. Willard Street, P.O. Box 670  
Burlington, Vermont 05402-0670 U.S.A.  
[jkarki@champlain.edu](mailto:jkarki@champlain.edu) or +1.802.865.6485

### Statement of Health Insurance Coverage

#### **HEALTH & EMERGENCY MEDICAL INSURANCE**

*All exchange scholars and their dependents must be covered by sickness and accident insurance for the duration of stay in the U.S.A. Proof and amount of insurance coverage is mandated by the U.S. Department of State, Exchange Visitor Program and must meet the following requirements:*

- Medical benefits per accident or illness of \$100,000
- In case of death, repatriation of remains in the amount of \$25,000
- In case of serious injury, payment of expenses associated with the medical evacuation of the Exchange Visitor to his/her home country in the amount of \$50,000
- A deductible not to exceed \$500 per accident or illness

**Prior to arrival to the U.S.A.** I will provide the Director of the Office of International Student Services at Champlain College the following:

- 1) Letter from my insurance company or carrier stating my coverage meets Champlain College's requirements. Include a copy of the actual policy or agreement of coverage.
- 2) A copy of my health insurance ID card or confirmation.

\*\* Champlain College's 2021-2022 Health Insurance Plan meets the above requirements.

I understand the health insurance coverage requirements:

Print Scholar Name \_\_\_\_\_

Scholar Signature \_\_\_\_\_ Date \_\_\_\_\_