



CHAMPLAIN COLLEGE

International Student Services

Exchange Student 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 or +1.802.865.6485

Statement of Health Insurance Coverage

HEALTH & EMERGENCY MEDICAL INSURANCE

All exchange student visitors 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, 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 2023-24 Health Insurance Plan meets the above requirements. Please note all students will be billed for this health insurance coverage as part of his/her college bill. If you have comparable health coverage you must notify Champlain College and follow the process to "waive" this expense.

I understand the health insurance coverage requirements:

Print Student Name _____

Student Signature _____ Date _____