



Non-Immigrant Visa Section
United States Consulate

January 13, 2016

RE: [Redacted]
DOB: [Redacted]

To whom it may concern:

We would like to confirm that the bearer of this letter is covered for the full duration of his/her program as indicated on the applicant's Form DS-2019 by Accident and Sickness Insurance and Travel Assist Emergency Services provided by International Services, Inc through

Seven Corners, Inc
303 Congressional Blvd Carmel, IN 46032
E-mail: claims@sevencorners.com
Phone: 1-800-690-6295* (toll free) or 1-317-575-2256

Summary of Coverage is below:

Policy Number: LON14-140120-02TM (American Exchange Organization)
Effective Date: Duration of participant's program dates
Destination Country: United States of America

SCHEDULE OF MAXIMUM BENEFITS

Medical Maximums \$100,000; Medical Maximum is per person per Occurrence. (age 80+, maximum limited to \$15,000)
Deductible \$250; Deductible is per person per Occurrence.
Coinsurance After You pay the Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.
Dental (Accident Coverage) To a maximum of \$500 (Only available to programs purchased for 1 month or more.)
Emergency Medical/Evacuation/Repatriation \$50,000 (in addition to the Medical Maximum)
Return of Mortal Remains \$25,000
Return of Minor Child(ren) \$50,000
Emergency Medical Reunion \$50,000
Local Ambulance Benefit \$5,000
Loss of Checked Baggage \$500
Interruption of Trip \$5,000

Please feel free to contact us if you have any questions.

Best Regards,

Lena Ryzhak
Administrative Manager/ARO

