

MEDICAL INFORMATION

The State Department provides medical facilities for outpatient services at a limited number of posts. For more critical and life threatening injuries, it is important to understand the need for emergency medical evacuation coverage, as the cost of evacuation can be very high. Medical evacuation is needed in areas where proper medical treatment may not be available. In addition, many of the medical facilities abroad may not recognize any type of American health care plan. Therefore, it is important to understand the possible need for, or access to, funds for medical payment up front. Your insurance provider will process the claim and reimburse you.

The following companies currently offer the required medical coverage and are listed only as possible options. Other options are to extend your student medical insurance to include coverage overseas, or to be included under a parent or family member policy.

(in alphabetic order)

Gateway Insurance Plans
1255 23rd Street, NW #300
Washington, DC 20037
TEL. (202)367-5097, FAX (202)367-5076
<http://www.gatewayplans.com/>
e-mail: gateway.dc@seabury.com

International SOS Assistance, Inc. Scholastic Overseas Service
3600 Horizon Boulevard
Philadelphia, PA 19053
TEL.1 800-523-8662 (inside U.S.), +1 215-942-8333 (outside U.S.)
<https://buymembership.internationalsos.com/scholastic-traveler/>

Wallach and Company
107 West Federal Street
P.O. Box 480
Middleburg, VA 20118
TEL. (800) 237-6615 or (540) 687-3172, FAX. (540) 687-3172
<https://www.wallach.com/>
e-mail: info@wallach.com

As an intern, you have the choice of medical insurance you select. *Please note that there are particular coverage requirements that must be met which are listed on the attached form.* Please take the time to choose your coverage carefully and provide us with the required information on the attached form, including date and signature.

Please fill out the attached **Verification of Medical Coverage**, sign, and email it to StudentInternship@state.gov. Please include your internship season and duty location. e.g. Medical Form: John Doe, Summer 2018, EUR/London. Please submit it prior to the start of your internship. Failure to submit the form could result in the Department's inability to verify your internship.

VERIFICATION OF MEDICAL COVERAGE

YOUR NAME:

INTERNSHIP SEASON & POST OF ASSIGNMENT:

INTERNSHIP DATES:

PERMANENT ADDRESS:

PHONE NUMBER:

I, the undersigned, certify that:

1. I have obtained medical insurance from the agency listed above, which meets or exceeds the following requirements:
 - Coverage for repatriation of remains equal to or greater than \$10,000
 - Medical evacuation coverage equal to or greater than \$50,000

SPONSOR OR POLICY HOLDER NAME:

POLICY #:

POLICY EXPIRATION DATE:

INSURANCE COMPANY:

ADDRESS:

PHONE:

FAX:

2. I am covered for the entire duration of my internship, and in the event of an extension of my internship I will extend my medical coverage to fully cover the new duration.
3. All information is true, and I understand that failure to provide correct and complete information will result in the cancellation of my participation in the Internship Program.

YOUR SIGNATURE:

DATE: