

## 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.

Seabury & Smith  
International Insurance Plans  
1255 23<sup>rd</sup> Street, NW #300  
Washington, DC 20037  
(202)367-5097  
(202)367-5076 (FAX)  
1-800-331-3047  
Web: [www.gatewayplans.com](http://www.gatewayplans.com)  
Or [www.medchoiceinternational.com](http://www.medchoiceinternational.com)  
e-mail: [gateway.dc@seabury.com](mailto:gateway.dc@seabury.com)

International SOS Assistance, Inc.  
Scholastic Overseas Service  
P.O. Box 11568  
Philadelphia, PA 19116  
1-800-767-1403  
(215)244-0165 (FAX)  
e-mail: [scholastic@intsos.com](mailto:scholastic@intsos.com)

Wallach and Company  
107 West Federal Street  
P.O. Box 480  
Middleburg, VA 20118  
(800) 237-6615  
(540) 687-3172  
[www.wallach.com](http://www.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.

**VERIFICATION OF MEDICAL COVERAGE**

STUDENT NAME \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTRY \_\_\_\_\_ PHONE \_\_\_\_\_

Post of assignment \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

**I have obtained medical insurance from the agency listed below, 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 CO. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

*The undersigned certifies that all information is true, and that failure to provide correct and complete information will result in the cancellation of the student's participation in the Intern Program.*

STUDENT'S SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

*Detach this form and mail it to the following address:*

**Intern Coordinator  
U.S. Department of State  
Recruitment Division  
2401 E Street, NW, Room H518  
Washington, DC 20522-0151**