



January 1, 2015

**TO WHOM IT MAY CONCERN  
INSURANCE COMPANY XYZ**

We confirm that **STUDENT NAME** with insurance ID: **00001111** has an insurance policy with INSURANCE COMPANY XYZ. The policy includes the following features:

**Coverage Start Date:** 01/01/2015

**Coverage End Date:** 07/31/2015

- Effective beginning on coverage start date above and renewable for continuous coverage
- Minimum dollar coverage **per illness or injury** – at least \$100,000 (not the same as \$100,000 maximum benefit)
- Includes outpatient care (doctor visits, outpatient surgery, etc.)
- Includes hospitalization
- Repatriation for at least \$25,000
- Medical evacuation for at least \$50,000
- Cost of deductible, if any (cost of deductible must not exceed \$500 per accident or illness)

**Contact Phone Number:** 001-555-5555

[www.insurancecompanyxyz.com](http://www.insurancecompanyxyz.com)

**JOE SMITH, INSURANCE COMPANY XYZ**

National Sales Manager

A handwritten signature in black ink that reads "Joe Smith". The signature is written in a cursive, flowing style.

2345 Main Street, San Diego, CA 12321  
Phone Number: (121)-345-5678