

# Insurance Verification Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Insured's Name] is covered under our international health insurance policy. The details of the policy are as follows:

- **Policy Number:** [Insert Policy Number]
- **Coverage Start Date:** [Insert Start Date]
- **Coverage End Date:** [Insert End Date]
- **Types of Coverage:** [List Types of Coverage]
- **Insurance Provider:** [Insert Provider Name]

This policy provides coverage for medical expenses, emergency medical transportation, and repatriation of remains among other benefits, valid worldwide. The insured individual is fully covered for the duration of their travels for the purpose of their visa application.

If you have any questions or require further information, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Insurance Company Address]

[Telephone Number]

[Email Address]