

Health Insurance Coverage Confirmation

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Student's Name], a student at [University/College Name], is covered by our health insurance plan for the duration of their overseas study program in [Country Name].

Policy Number: [Policy Number]

Coverage Period: [Start Date] to [End Date]

The health insurance plan includes medical coverage for hospital stays, outpatient care, emergency services, and repatriation. The coverage provides access to medical services while the student is pursuing their studies abroad.

If you require any further information regarding the health insurance policy, please do not hesitate to contact us at [Insurance Company Contact Information].

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]