

Exchange Visitor Program
Insurance Certification

Insurance for the Trainee must be procured prior to the issuance of the Certificate of Eligibility. Please complete either Section A or Section B of this form, and check the appropriate box.

Section A – CIGNA / ACE Europe Policy

BABi member agrees to utilize the BABi Group Business Travel Policy procured through CIGNA/ACE Europe under Policy # 55UK450141.

We enclose our check for \$687.50 to cover the premium for 12 months. BABi Member agrees to extend the policy for any additional period of stay in the U.S. for over 12 months.

Section B – Company Medical Insurance

BABi Member agrees to obtain its own insurance coverage for its Trainee. Details of this insurance are as follows:

Name of Trainee

Name(s) of Dependent(s) covered under this policy

Insurance Company.....

Policy Number.....

BABi Member confirms that this policy meets the minimum requirements of Department of State regulations and agrees to maintain the policy throughout Trainee's stay in the U.S.

Member Company

Date

By: _____