## Scholars Insurance Compliance Form

### Scholar’s Information:
- **Scholar’s Last Name:**
- **Scholar’s First Name:**
- **Start date of coverage:**
- **End date of coverage:**

### Insurance Company Contact Information:
- **Insurance Provider’s Name:**
- **Insurance Company Address:**
- **Insurance Company Phone:**
- **Insurance Company Fax:**

### Contact Information for Insurance Company Employee Completing This Form:
- **Contact’s Name**
- **Contact’s Signature**
- **Contact’s Title**
- **Contact’s Email**
- **Contact’s Phone #**

### US Department of State Health Insurance Requirements

Please indicate below whether or not the insurance plan purchased by the scholar meets each of the following:

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<th>Yes</th>
<th>No</th>
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Temple University                        International Student and Scholar Services  
Phone: 215-204-7708                  Fax: 215-204-6166                       Email: sharonl@temple.edu