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