

## PROOF OF INSURANCE COVERAGE FOR THE ADDITIONAL MONTH

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Au pairs who stay for the additional month (30 day grace period) are required by Cultural Care Au Pair to have appropriate medical and accident insurance coverage for this time. Cultural Care Au Pair will not book a return flight home for any au pair who stays for the additional month and does not have the appropriate insurance coverage. Cultural Care strongly recommends that you choose the Erika Additional Month Coverage as you already have other coverage from the same insurance company. With Erika you don't have to go through the below process.

If you have purchased your own insurance policy that will cover you for the additional month, Cultural Care requires that you provide us with an insurance certificate or card that shows coverage information and dates. If you do not have an insurance certificate or card, print and complete the form on page 2 of this document and have your insurance company provide the requested information and signatures. Your insurance must meet the minimum coverage requirements as determined by the Department of State; please see below for details.

Upon receipt of proof of insurance coverage, a link to the Flight Request Form will become available on the Flights page of your au pair online account. If you are not staying for your additional month, you can request your flight without taking any additional steps.

The completed Proof of Insurance form or an insurance certificate (translated into English, if necessary) can be submitted by email to [aupair@culturalcare.com](mailto:aupair@culturalcare.com), by fax to 617-619-1101 or by mail to:

*Cultural Care Au Pair*  
*Attn: Au Pair Services*  
*Two Education Circle*  
*Cambridge, MA 02141*

If you have questions regarding this form, please contact Account Services at 800-333-6056.

### ***U.S. Department of State Regulations - Insurance***

The U.S. Department of State regulations require the following minimum coverage for program participation:

Medical expenses due to accident or illness:	USD 100,000 per accident/illness
Medical evacuation to home country:	USD 50,000
Repatriation of remains:	USD 25,000
Deductible not to exceed:	USD 500 per accident/illness

The insurance policy may require a waiting period for pre-existing conditions which is reasonable as determined by current industry standards, but shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

The policy may include the provision for co-insurance (a percentage of the cost of medical care which the patient is responsible for) under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness.

### ***Additional Cultural Care Au Pair Requirements***

To protect host families, the host community and the au pair, Cultural Care Au Pair requires that any insurance policy must include Third Party Liability for coverage of personal and property damages caused by the au pair in the minimum amount of USD 500,000 per incident.

## PROOF OF INSURANCE COVERAGE

All au pairs who stay in the U.S. for the additional month must have appropriate accident and health insurance.

### Au pair information

Au pair first name	Au pair last name	
Au pair number (if known)	Date of birth	Telephone number
Additional month start date	Additional month end date	

### Insurance information

Name	Registration number	
Address	Telephone number	
City	Zip code	Country
Policy number	Policy holder name	
Emergency Assistance Agent and emergency phone no.		

### Type of coverage

### Amount

### Currency

Medical expenses	_____	_____
Medical evacuation	_____	_____
Repatriation of Remains	_____	_____
Deductible	_____	_____
Third party liability	_____	_____

### Insurance company signature

We hereby certify that the above exchange visitor will be covered by an insurance, as outlined above, issued by us, which will remain in full force for the duration of the 30 day period listed at the top of this form. We furthermore certify that this policy is in compliance with the U.S. Department of State regulations, as outlined on the reverse side.

Name	Title
Signature	Date