

Confirmation of Insurance

ciee

Policy Holder Fabio Leite Soares
Date of birth: 11 October 1988
Member ID: 1284311401
Group ID: CIEE-697401
Effective Date: 29 August 2015 Termination Date: 28 January 2016

The health insurance has, within the framework of the tariff and insurance conditions, an upper limit for the reimbursement:

Maximum Benefit: \$1,000,000

Emergency Evacuation: \$50,000 Repatriation: \$25,000
Emergency Reunion: \$15,000 Urgent Travel Expense: \$2,000
Copays: \$20/ Urgent Care Copay | \$50 Doctor/Specialist Copay | \$100 ER/Hospital Copay
Liability Limits: US\$ 100,000

The insurance coverage expires on the termination date listed above, or when the participant withdraws from the program, or when they are dismissed from the program, or their employment is terminated, whichever comes first.

PROGRAM INFORMATION

DS 2019 Number	N0014311401	CIEE ATLAS ID	54315443728C
Program Code	INT	CIEE Partner Code	FR/PAR
Insurance and Program Start Date	29 August 2015	You may not enter the US prior to this date. Insurance coverage starts on this date.	
Legal Employment Start Date	31 August 2015	Date listed on DS-2019 as "Begin date" of program. You may not start working prior to this date.	
SEVIS Compliance Deadline	20 September 2015	You must notify CIEE of your address in the US by this date or CIEE will terminate your program and you will be required to return home.	
Legal Employment End Date	27 January 2016	Date listed on DS-2019 as "End date" of program. You may not continue working after this date.	
Insurance and Program End Date	28 January 2016	You must leave the US by your departure date. Insurance coverage ends on this date.	

This is an important document. Please read it thoroughly. You are insured under the group policy of CIEE for the period of time stated on this document. If you want to change the period of coverage you must inform CIEE. The change doesn't take effect until you have received an updated version of this certificate. For complete terms of coverage please refer to the CIEE website at www.ciee.org/insurance. If you have a specific question please call CIEE at 1-888-268-6245.

CLAIMS TO BE MADE TO:

Aetna Student Health
PO Box 981106
EL Paso, TX 79998

ADMINISTERED BY:

CIEE as agent for the insurer
300 Fore Street
Portland, ME 04101 USA
888.268.6245
www.ciee.org

aetna

First Name

Fabio

Last Name

Leite Soares

PPO NAP

Group No. CIEE-697401

Member ID 1284311401

To precertify, prenotify, verify eligibility and/or benefits, please contact CIEE at:

1-888-268-6245
insurance@ciee.org
www.ciee.org/insurance

EDI Payer ID: 60054-0315

Mail all claims to:

Aetna Student Health
P.O. Box 981106
EL Paso, TX 79998

\$20 / Urgent Care Copay
\$50 Doctor/Specialist Copay
\$100 ER/Hospital Copay

Exchange visitors and any accompanying spouse and dependent(s), may be subject to the requirements of the Affordable Care Act.