DISTRICT 5170 REQUEST FOR DS-2019 CERTIFICATE

Student: _____ _____ _____
Last Name *First Name* *Middle Name*

Gender: Male ◉ Female ○ Date of Birth: Month _____ Day _____ Year _____

City & Country of Birth: _____

Citizen of: _____

Legal Permanent Resident of: _____

Student Passport Number: _____

Host Family: _____

Address: _____

City: _____ State: CA Zip: _____

Phone: _____ Email: _____

High School: _____

Address: _____

City: _____ State: CA Zip: _____

School District: _____

Host Rotary Club: _____

U.S. Arrival Date: _____ U.S. Departure Date: _____
(Month/Day/Year) *(One year from Arrival)*

YEO Requesting DS-2019: Mark Junod - District 5170 Inbound Coordinator

Address: 2160 41st Avenue #101

City: Capitola State: CA Zip: 95010

Phone: (831) 332-0720 Email: Mjunod@metlife.com

I hereby certify that the student has been advised that U.S. regulations require that he/she must have health and accident insurance before arrival with at least the following benefits:

1. $100,000 per accident or illness
2. Repatriation of remains in the amount of $10,000
3. Expenses associated with the medical evacuation of the student to his/her home country of $50,000
4. A deductible not to exceed $500 per accident or illness

Yours in Rotary

Signed: _____ Date: _____

Note: You must attach copies of the Student Guarantee Form and the front page of the Student Application