

French Consulate General Insurance Coverage

I hereby certify that :

A. I am covered by an American insurance policy for all health expenses occurring in France (copy of insurance policy attached).*

B. I undertake to acquire a private medical insurance policy upon my arrival in France.*

I am aware that I will not be able to obtain a *Carte de Séjour* from the Prefectural Authorities if I cannot comply with paragraph A or B.

Signature :

Full name (print) :

Date :

Address :

* Cross out the statement which does not apply to your situation.

**French Consulate General
Financial Guarantee - Student Visa**

To whom it may concern :

I hereby certify that I, the ... of...
will support my daughter/son with a monthly allowance of \$600 while she/he is attending
the American University Center of Provence and that I am financially responsible for any
emergency which may arise.

Signature :

Full name (print) :

Address :

Signed and sworn to before me (signature of Notary Public) :

Date :

**Sample Letter Needed for Student Visa in France
(adjust according to circumstances)**

Insurance Company Letterhead or
Employer Letterhead

Date:

To whom it may concern :

This letter will verify that as of this date, (student name) is included in the Hospital and Medical Expense Insurance Plan (e.g., Blue Cross, Aetna, etc.) carried by (name) (employee of our company), policy number: .

Benefits are payable for expenses incurred anywhere in the world (including France), if the expense is such that is covered under the present policy.

Sincerely,