

IMS Student Information Medical Insurance Review



Please fill out the necessary information below to begin the insurance verification process. Once the form has been completed please send to AFSAT.IMS.Medicalreview@us.af.mil

Date:

Case: Line: WCN:

Country:

IMS Student Name:

Rank of IMS:

School Attending:

School location:

Name of all authorized dependents, as listed on the individual's passport:

It is imperative that the name(s) match the name(s) on the individual's passport.

Please provide the following contact information:
SCO (Security Cooperation Officer)

Name:

Rank:

E-Mail Address:

Commercial Phone#:

Embassy Mailing Address:

Name:	<input type="text"/>	
Relationship:	<input type="text"/>	Age: <input type="text"/>
Name:	<input type="text"/>	
Relationship:	<input type="text"/>	Age: <input type="text"/>
Name:	<input type="text"/>	
Relationship:	<input type="text"/>	Age: <input type="text"/>
Name:	<input type="text"/>	
Relationship:	<input type="text"/>	Age: <input type="text"/>

**IMSO (International Military Student Officer)
(First Training Location)**

Name:

Rank:

E-Mail Address:

Commercial Phone#:

Unit Mailing Address:

**AFSAT Country Manager
(Air Force Security Assistant Training Squadron)**

Name:

Rank:

E-Mail Address:

Commercial Phone#:

Mailing Address:

Attach a copy of the IMS, and all authorized dependents, insurance policy(s).

Please include the ITO in the package with the insurance policy.

Special Instructions: