

SPONSOR

CULTURAL HOMESTAY INTERNATIONAL





PROGRAM COORDINATOR

Email:

chiwt@chinet.org

Recuerda poner en copia a tu coordinador ante cualquier correo que le envíes al Sponsor.

Phone:

1-800-432-4643
(415) 459-5397

Deja tu nombre completo y teléfono para que el Sponsor pueda devolverte la llamada.

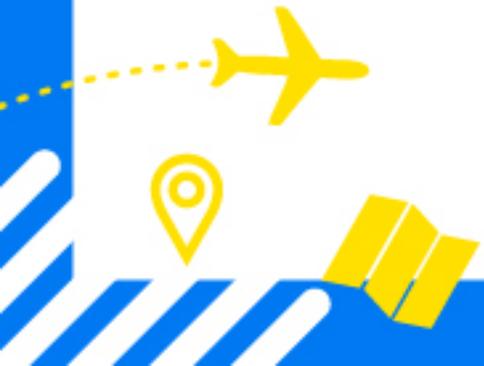
Example: Subject: "John Smith, Hilton, my phone number is 13305055600- Question about SEVIS"

Website:

<https://chinet.org/>

Address:

255 W End Avenue
San Rafael, CA 94901





ITS OFFICE

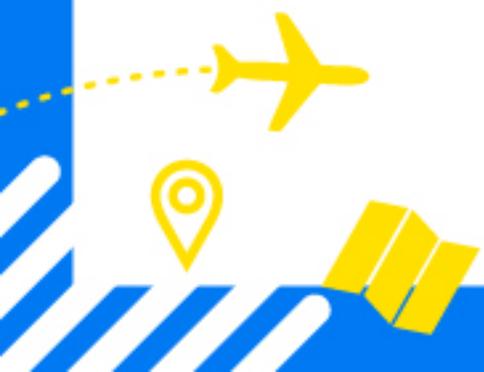


01 FLIGHT INFORMATION

02 ARRIVAL CHECK-IN - SEVIS VALIDATION

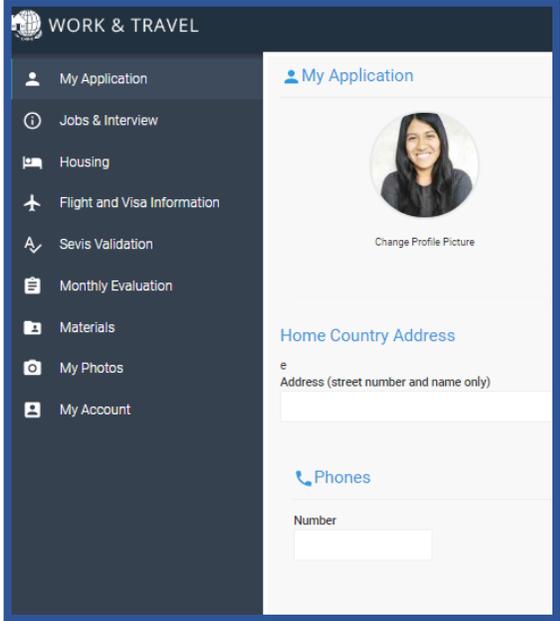
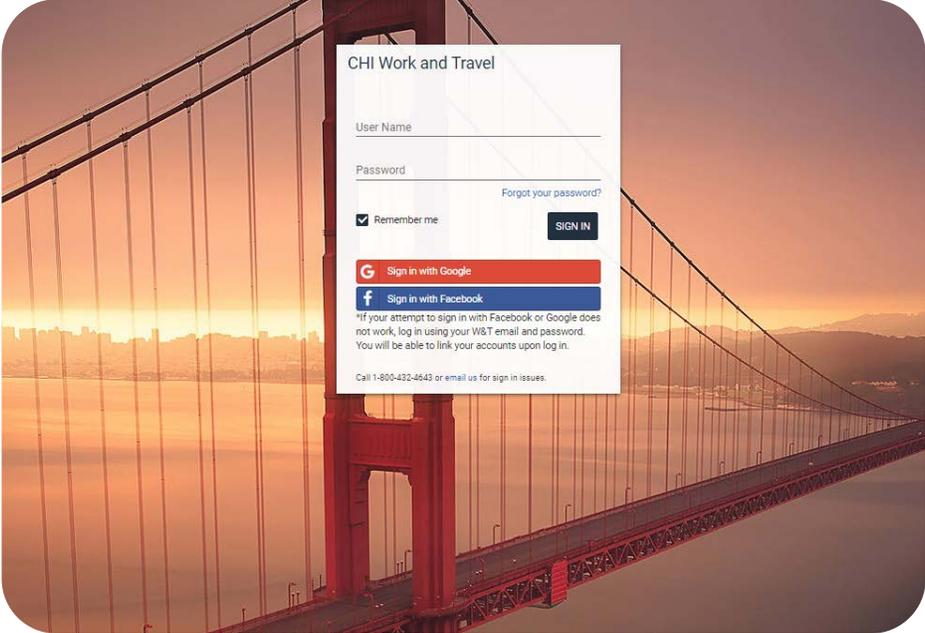
03 MONTHLY EVALUATION

04 INSURANCE

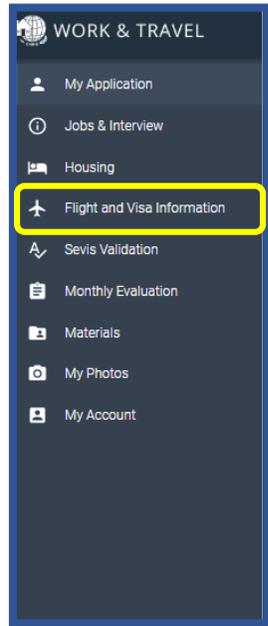


LOG IN INTO YOUR ACCOUNT

WT.CHINET.ORG



01 FLIGHT INFORMATION



Arrival Flight Information

Arrival Airport

Airline

Flight Number

Arrival Date

Arrival Time

Comments

Departure Flight Information

Departure Date

SAVE

Se debe completar la información de los vuelos aéreos, hasta el **martes 19 de noviembre**.

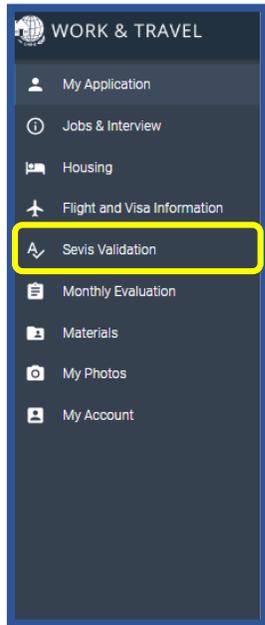
Si aún no has pasado entrevista en la embajada: Completar tu itinerario de vuelo dentro de los (03) tres días hábiles después que la embajada indique que el pasaporte visado está “listo para retirar”.

De no completar el itinerario, cualquier problema que esto causara será de tu entera responsabilidad.

1. Arrival Flight Information

2. Departure Flight Information

02 ARRIVAL CHECK-IN - SEVIS VALIDATION



Sevis Validation

Student Address in the USA

Address Residential (i.e. House, Apartment, Cabin, Trailer)

Street Number

Street Name

Street Type

Address line 2 (OPTIONAL - U.S. only)

Accommodation Type

City

State

Zip

+1 US Phone Number (10-digits)

WhatsApp Number

Arrival Evaluation

Did you arrive in the USA safely?

If you answered NO to the last question, please provide details.

Are you going to work at your pre-arranged job?

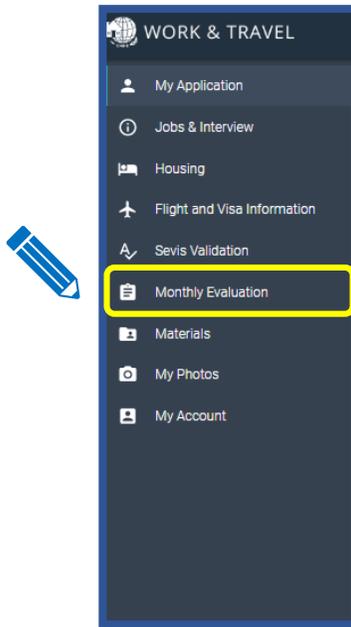
If you answered NO to the last question, please explain if providing details.

We have many people who share your story!

No olvides que el **“arrival check-in”** se **debe realizar** dentro de los **(03) tres primeros días** que te encuentres en los **Estados Unidos**.

1. Student Address in the USA
2. Arrival Evaluation

03 MONTHLY EVALUATION



Revisa tu correo electrónico constantemente; el Sponsor se comunicará contigo de manera mensual para que realices tu **monthly evaluation**.

Debes completar tu **monthly evaluation**, de acuerdo al plazo que te indica el Sponsor.

Recuerda que de no realizar tu **monthly evaluation**, el Sponsor puede cancelar tu programa.

04 INSURANCE

ENVISAGE GLOBAL INSURANCE

www.envisageglobalinsurance.com/student-zone/chi/



SEVENCORNERS

Toll-free:

(877) 702-6767

Direct Dial:

+ 1 (317) 582-2622

Email at:

assist@sevencorners.com



INSURANCE STUDENT ZONE

www.envisageglobalinsurance.com/student-zone/chi/

The screenshot shows the Envisage Global Insurance website interface. At the top left is the Envisage logo. A navigation menu at the top right includes links for About Us, Products, Difference, Events, Student Zone, and Contact. The main content area is titled "Cultural Homestay International" and includes a welcome message and a list of service links: Video Overviews, Healthcare Tips, Seeking Treatment, Doctor/Hospital Search, Claims Center, and MyDocuments. A 24-hour assistance section provides toll-free and direct phone numbers. A non-emergency contact section provides instructions for email support.

Envisage
Global Insurance

About Us Products Difference Events Student Zone Contact

Cultural Homestay International

Welcome to your Student Zone insurance help center, designed to help you understand how your insurance works and how to receive medical care when abroad!

Learn more about your insurance plan below:

- Video Overviews
- Healthcare Tips
- Seeking Treatment
- Doctor/Hospital Search
- Claims Center
- MyDocuments

If you have any questions, or need any assistance, please do not hesitate to [contact us](#), and we will be happy to respond to you within 24 business hours.

Student Zone

Learn more about using and managing your international insurance plan:

- Video Overviews
- Healthcare Tips
- Seeking Treatment
- Provider Search
- Claim Forms
- MyDocuments
- Contact Us

24-Hour Assistance:
Toll-free: (877) 702-6767
Direct: + 1 (317) 582-2622

Non-Emergency Contact:
For any non-emergency support issues, such as claim updates please either call using the numbers above, [contact us via email](#)

INSURANCE ID CARD



**UnitedHealthcare
Member ID:**

Member:

Policy Effective Date:
12/ /2019

Options PPO Network
Administered by UnitedHealthcare Insurance Company and its
Affiliates

**UnitedHealthcare
Group Number:**

Seven Corners Certificate #:

Policy Name:
CHI - Work & Travel 2019

This card does not guarantee coverage.

FOR MEMBERS

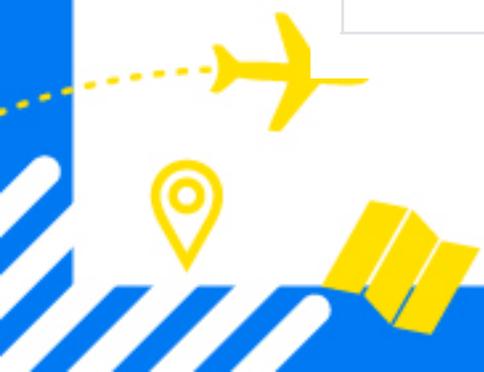
For emergencies, claims/benefits
questions and other assistance
services call **Seven Corners Assist**
24/7:
1-877-702-6767 (toll free) or
0-317-582-2622 (collect)
assist@sevencorners.com

FOR PROVIDERS

For verification of benefits in the
USA:
1-855-263-0524 (toll free)
Medical Claim Address:
UnitedHealthcare Global
PO Box 740372
Atlanta, GA 30374-0372
Payer ID: 87726

Find a provider around the world:

<https://www.envisageglobalinsurance.com/seven-corners/>



INSURANCE INFORMATION

Plan Benefits	Coverage Amount
Medical Maximum	\$100,000 per person, per injury/illness
Deductible	\$100 per injury/ illness
Emergency Room Deductible	\$250 for illness and not admitted
Coinsurance	After you pay the deductible, the plan pays 100% to the medical maximum
Outpatient Medical Expenses	Reasonable and customary to Medical Maximum
Hospital Room and Board	Reasonable and customary to Medical Maximum
Intensive Care	Reasonable and customary to Medical Maximum
Prescription Medications	Reasonable and customary to Medical Maximum
Local Ambulance	Reasonable and customary to Medical Maximum
Dental (Accident Coverage)	Reasonable and customary to Medical Maximum
Dental (Sudden Relief of Pain)	To a maximum of \$200
Emergency Medical Evacuation/ Repatriation	\$50,000 (in addition to medical maximum)
Return of Mortal Remains	\$25,000
Emergency Medical Reunion	\$2,500
Accidental Death and Dismemberment	\$10,000 Principal Sum
Common Carrier Accidental Death	\$20,000 Principal Sum
Interruption of Trip	\$5,000
Terrorism	Reasonable and customary to Medical Maximum
Assistance Services	Included
Benefit Period	180 days



**MEDICAL MAXIMUM: INSURED
AMOUNT PER PERSON, PER
INJURY OR ILLNESS**

100,000 USD



DEDUCTIBLE

100 USD

RECOMENDACIONES

- Revisar tu correo electrónico todos los días.
- Cada vez que envíes un correo electrónico a tu Sponsor, te recomendamos ponernos en copia para poder guiarte y/o ayudarte.
- Cuando envíes un correo electrónico tu Sponsor, deja tu nombre completo en el asunto. Ejemplo: *John Smith, Hilton – Question about SEVIS.*
- Si te comunicas con el Sponsor mediante teléfono y te deriva al buzón de voz, deja tu número de teléfono y nombre completo para que ellos se comuniquen contigo lo antes posible.
- La póliza de la tarjeta de asistencia te proporciona coberturas contra riesgos típicos que puedan sufrir los viajeros internacionales. Estas coberturas te sirven en caso de: accidentes, enfermedades repentinas y/o más eventualidades que puedan suscitarse dentro de tu estancia en el extranjero. Asimismo, como se trata de una póliza de seguro de viaje para una permanencia temporal en el extranjero; está sujeta a algunas limitaciones y exclusiones.
- Para más información sobre tu “insurance” revisa tu correo electrónico. En caso que aún no te envíen la información comunícate con tu Sponsor a través del correo electrónico con copia a nosotros para poder ayudarte.

#ViveLaExperiencia



GRACIAS

