



DEPARTMENT OF THE NAVY
DEPUTY ASSISTANT SECRETARY OF THE NAVY (INTERNATIONAL PROGRAMS)
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WASHINGTON NAVY YARD DC 20374-5165

4950
Ser 240T/13U647
OCT 25 2013

From: Deputy Assistant Secretary of the Navy (International Programs)
To: Security Cooperation Officers
International Military Student Officers

Subj: DEPARTMENT OF THE NAVY PROCESS FOR REVIEW OF MEDICAL INSURANCE
POLICIES FOR INTERNATIONAL MILITARY STUDENTS (IMS) AND IMS
DEPENDENTS

Ref: (a) Defense Security Cooperation Agency (DSCA) Policy
Memorandum 11-32, International Military and Civilian
Students, and Authorized Dependents Healthcare
Coverage dated 15 Aug 11

Encl: (1) Request for Review Transmittal Sheet

1. Reference (a) established minimum healthcare coverage insurance policy requirements for IMS, International Civilian Students (ICS) and authorized dependents. Navy International Programs Office has a contract in place to assist the International Military Student Officers (IMSO) and Security Cooperation Officers (SCO) in determining that the healthcare coverage insurance policies purchased by the IMS and ICS meet these requirements.

2. Once an individual IMS has been identified by the home country to attend training under the sponsorship of the Department of the Navy, the SCO will determine whether medical insurance coverage is necessary for the IMS and/or authorized dependents. It will vary by training program, and by country. If it is determined that commercial medical insurance is necessary, the SCO will obtain a copy of the medical insurance policy, in English, from the IMS for review.

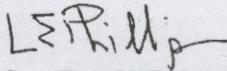
3. Enclosure (1) is a Request for Review of the healthcare coverage insurance policy. This will be completed and sent by encrypted e-mail to NIPO@bah.com with a scanned copy of the medical insurance policy. Every effort must be made to eliminate personally identifiable information (PII) on the healthcare coverage policy and to use only the Worksheet Control Number (WCN) to associate the review with the individual. References in the healthcare coverage insurance policy to any protected health information, such as a specific medical condition associated with the student or dependents, must also be redacted. Do not include a copy of the Invitational Travel Order (ITO) with this Request for Review under any circumstances.

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4. To enable encryption of the e-mail the SCO or IMSO must first send a digitally signed e-mail certificate request to NIPO@bah.com. Once the SCO/IMSO accepts the return email, both certificates are trusted and the encryption transmission is enabled.

5. The review will be completed in three days and the compliance determination will be sent to the SCO, the IMSO and the applicable country manager by return e-mail. If a policy is determined to be non-compliant, the reason will be provided along with a list of insurance providers. This list, in part, is available from the International Training Management (ITM) page at the Defense Institute of Security Assistance Management (DISAM) website.

6. The point of contact at Navy International Programs Office is Yvonne Jacobsen, COMM: 202-433-5474, email: Yvonne.jacobsen@navy.mil or Patricia Lewis, COMM: 202-433-5469, email:patricia.lewis@navy.mil.


L. E. PHILLIPS
By direction



REQUEST FOR REVIEW OF HEALTHCARE COVERAGE INSURANCE POLICY

U.S Arrival Date _____

U.S Departure Date: _____

Country: _____ WCN: _____

Name of Insurance Company: _____

Policy Number _____

SCO Contact Information

Name: _____

E-Mail Address: _____ Phone: _____

IMSO Contact Information

Name: _____

E-Mail Address: _____ Phone: _____

Service Country Manager Contact Information

Name: _____

E-Mail Address: _____ Phone: _____

To submit request, upload transmittal sheet, along with the scanned healthcare coverage insurance policy to: NIPO@bah.com

**INSTRUCTIONS FOR COMPLETING
REQUEST FOR REVIEW FORM**

The following information is provided to assist you in filling out the request for medical insurance policy review:

U.S. Arrival Date: Indicate the date the IMS will arrive in the United States, even if it is before his actual report or start date.

U.S. Departure Date: Indicate the date the IMS will depart the United States, including any authorized leave following completion of training. If unknown, please indicate at least 4 days following the completion date of last course of instruction.

Country: Self-explanatory

WCN: Please use the entire Worksheet Control Number.

Name of Insurance Company: Self-explanatory

Policy Number: Self-explanatory

SCO Contact Information: Self-explanatory

IMSO Contact Information: Self-explanatory

Service Country Manager Contact Information: Self-explanatory

For all contact information, the e-mail addresses are more important than phone numbers. The contractor will provide the compliancy determination to the SCO, the IMSO and the country manager on one e-mail.

This form has been deliberately designed to eliminate as much Personally Identifiable Information (PII) as possible.