



YFU will reimburse the following fees which ASPE Accident and Sickness plan does not cover:

1. \$25 co-pay for office visits
2. \$75 co-pay for Emergency room, hospitalization, and urgent care

<b>FLEX/YES Student name:</b>		
<b>Local Coordinator:</b>		
<b>Host Family name:</b>		
<b>Reimbursement should be paid to (select one):</b>		
<input type="checkbox"/> Student (funds will be added to student's US Bank Visa debit card)		
<input type="checkbox"/> Host Family: Make check payable to _____		
<b>Street Address</b> (person receiving reimbursement):		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

To be reimbursed for co-pays:

1. Complete and sign this form.
2. Attach **original** receipts for your co-pay(s). (*save a copy for yourself*)
3. Mail the completed form with receipts to:

**YFU USA, 3995 Fashion Square Blvd, Suite 2, Saginaw, MI 48603**

	Date of Visit	Type of Visit Ex: Doctor visit / ER visit	Cost
<i>example</i>	<i>8/25/23</i>	<i>ER Visit</i>	<i>\$75</i>
1			\$
2			\$
3			\$
4			\$
5			\$
TOTAL	\$		

Host Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_