



SPONSOR



WORK AND TRAVEL
TEMPORADA 2024-2025



SPONSOR:
American Work
Experience
(AWE)



INFORMATION



500 West Putnam Ave, Suite 400,
Greenwich, CT 06830



Web: www.aweusa.com



Email: info@aweusa.com



TOLL-FREE: 203-661-9352



Skype id:

I-94

SE DEBE REALIZAR DENTRO DE LOS 3 DÍAS DE HABER LLEGADO A LOS ESTADOS UNIDOS DE AMÉRICA.

LINK: <https://i94.cbp.dhs.gov/I94#/recent-search>

Get Most Recent I-94

Get your most recent I-94 form to prove your legal visitor status in the United States (available going back to 1963 for most classes of admission, (or parole), and indefinitely) for certain classes, such as diplomats and those admitted under the Compacts of Free Association.

Enter Traveler Info | Most Recent I-94 Results

Enter Your Traveler Info

Note: The info returned may not reflect applications submitted to or benefits received by U.S. Citizenship and Immigration Services or Immigration and Customs Enforcement.

* First (Given) Name :

* Last (Family) Name/Surname :

* Birth Date : Day Month Year

* Document Number :

* Country Of Citizenship :

[Cancel](#) [NEXT >](#)

Proceed to your most recent I-94

Sample Passport

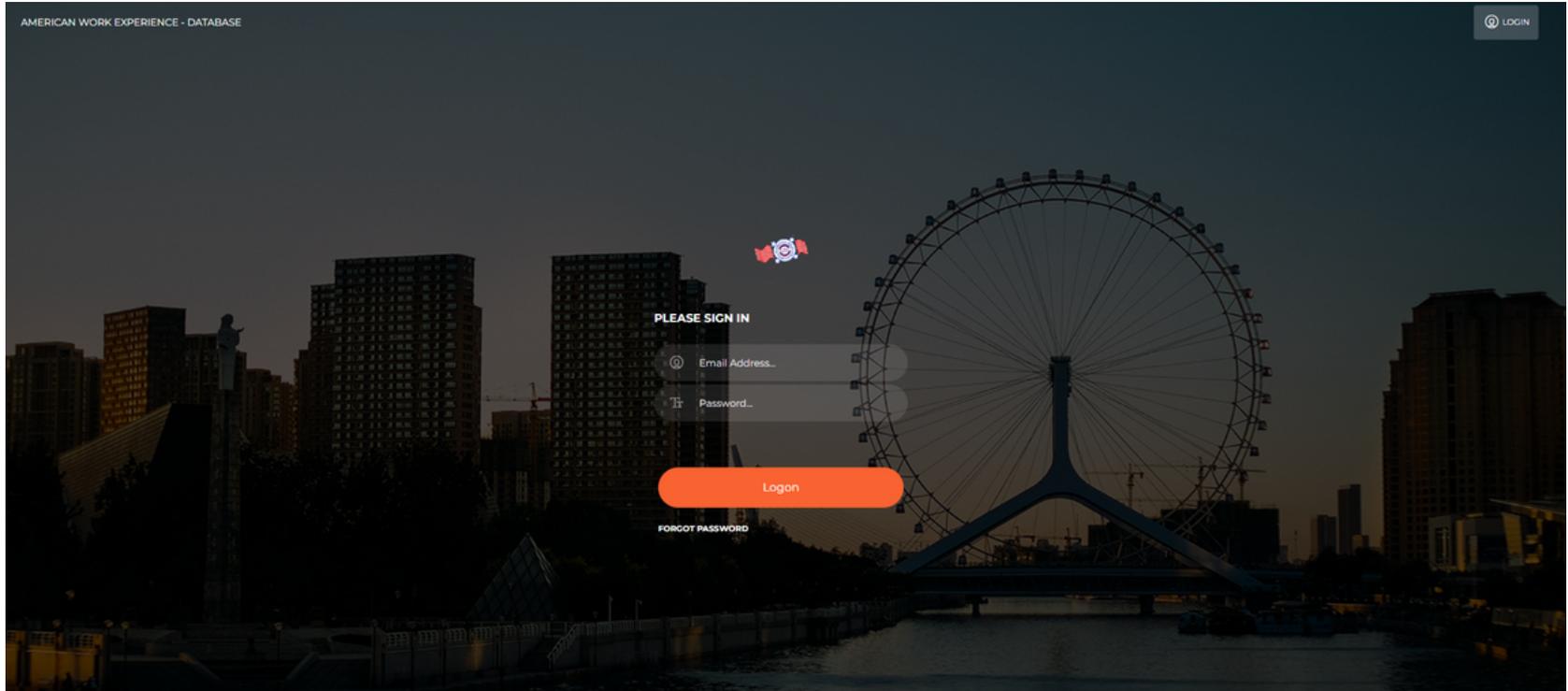


Enter all information exactly as it appears on your travel documentation you used to enter the U.S.
Enlarge the image to see more detail.

Privacy Notice

CBP will retain the information you submit when attempting to access your records through this website for 3 months...
[Read Full Privacy Notice](#)

INTRANET



INTRANET

AWE 

 valeritasolange19

PROFILE

APPLICATION

VERIFICATION

EMPLOYMENT AGREEMENTS

PROFILE Student  LOGOUT

 **AWE ID:** 15-4513
Full Name: [REDACTED]
Gender: Female
Date of Birth: [REDACTED]
Email: [REDACTED]
Country: Peru

Orientation Date:
Embassy Date: 11/09/2022
Rep Contact:
Agency Name:
Visa Status: Visa Granted

SEVIS Number: N0033601715
DS Start Date: 12/14/2022
DS End Date: 03/18/2023
Program Applying For: SWT Placement
Applicant Type: New (never had a J-1 visa before)

US Job Position	Worksite Location	US Company	EA Status
Go-Kart and Ride Operator- Main Job	NASCAR SpeedPark	NASCAR SpeedPark	Accepted

H/B - DOS Ref Form Med Form Passport Student Status English Test Visa Result Flight Details Budget Sheet

Created	Verification Email	US Address	US Employer	Status
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AWE ABOUT US

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ARRIVAL CHECK IN

- ✈ Se debe realizar dentro de los 5 días de haber llegado a los Estados Unidos de América.
- ✈ Una vez completes la validación en la página del sponsor, se activará el seguro médico y se emitirá la tarjeta de asistencia

MONTHLY EVALUATIONS

- ✈ Los participantes recibirán un correo electrónico mensual con una lista de preguntas realizadas por el **Sponsor**. Este cuestionario debe ser completado y finalizado en el tiempo que se indica en el correo electrónico.



INSURANCE

- ✈ La tarjeta de asistencia del participante proporciona una cobertura contra los riesgos típicos de los viajeros internacionales, como accidentes, enfermedades repentinas y más. Como se trata de una tarjeta de asistencia de viaje para una estancia temporal en el extranjero, se aplican algunas limitaciones y exclusiones.
- ✈ El Sponsor te proporcionará por medio de correo electrónico el manual de la tarjeta de asistencia y la compañía de seguro que contrató, así como también, como activar la tarjeta y la cobertura de la misma.



INSURANCE

- 
- A yellow airplane icon pointing towards the top right, used as a bullet point for the text.
- Su seguro médico no se activará hasta que AWE haya recibido el resultado de su visado y los datos de su vuelo cargados en la base de datos. Esto debe hacerse al menos 2 semanas antes de la fecha de salida. Su seguro médico sólo es válido para las fechas impresas en su DS-2019. Si no proporciona la información anterior a tiempo, se cancelará el seguro médico y se le dará de baja del programa AWE.

INSURANCE

Schedule of Benefits

All Coverages and Plan Costs listed in this Evidence of Benefits are in U.S. Dollar amounts.

Except as specifically indicated otherwise, all benefits are subject to Deductible and Coinsurance and are per Period of Coverage.

U.S Coverage	Included
Medical Maximums	\$100,000; Medical Maximum is per person per Occurrence. (age 80+, maximum limited to \$15,000)
Deductible	\$250; Deductible is per person per Occurrence.
Coinsurance	After You pay the Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.
Dental (Accident Coverage)	To a maximum of \$500 (Only available to programs purchased for 1 month or more.)
Emergency Medical Evacuation/Repatriation	\$50,000 (in addition to the Medical Maximum)
Return of Mortal Remains	\$25,000
Return of Minor Child(ren)	\$50,000
Emergency Medical Reunion	\$50,000
Local Ambulance Benefit	\$5,000
Loss of Checked Baggage	\$500
Interruption of Trip	\$5,000
Hospital Room & Board	Usual, Reasonable and Customary to the selected Medical Maximum
Intensive Care	Usual, Reasonable and Customary to the selected Medical Maximum
Outpatient Medical Expenses	Usual, Reasonable and Customary to the selected Medical Maximum
Assistance Services	Included
Benefit Period	180 Days

Claims Submission

Documents required for submitting a claim include the following:

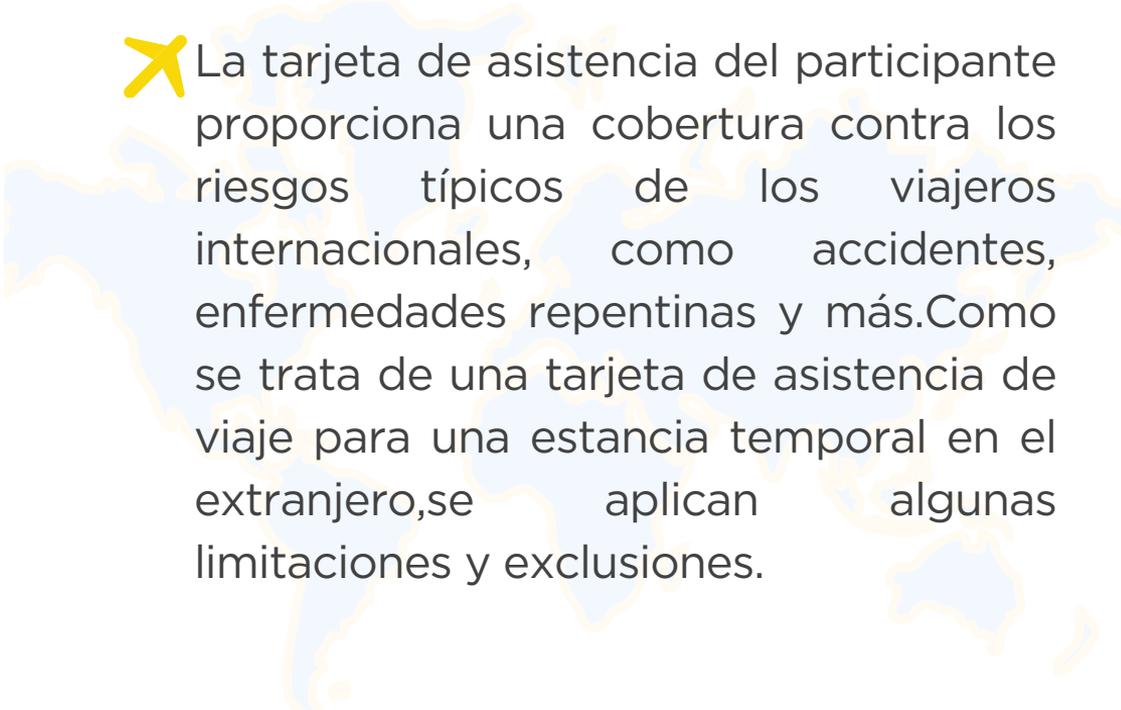
1. Completed Proof of Loss (Claim form) - can be found at: <http://www.sevencorners.com/forms/ProofofLossForm.pdf>
2. Detailed bills for services received.
3. Receipts for payments made.
4. Any other supporting medical documentation pertinent to the claim.

Claims documents may be submitted via postal mail, fax, or email:

Seven Corners, Inc.
Attn. Claims
303 Congressional Blvd.
Carmel, IN 46032 UNITED STATES
Fax: (+01) 317-575-2256
Email: claims@sevencorners.com

Claims which do not require additional medical documentation are processed within 30-45 days of receipt. Member reimbursement may be issued via bank check or wire transfer, depending on the member's preference. It is important to answer all questions on the claim form with as much detail as possible.

Currency conversions for claims are paid based on the exchange rate for the U.S. dollar on your date of service.



✈ La tarjeta de asistencia del participante proporciona una cobertura contra los riesgos típicos de los viajeros internacionales, como accidentes, enfermedades repentinas y más. Como se trata de una tarjeta de asistencia de viaje para una estancia temporal en el extranjero, se aplican algunas limitaciones y exclusiones.

DEPARTURE INFORMATION

Departure Information



Flights

Departure Flight Number

AA1558



Departure Flight Date/Time

12/13/2022 7:50 AM



Connecting Flight Number

AA5484

Arrival Date/Time

12/13/2022 9:15 PM



Position

Position Start Date

12/14/2022



Position End Date

03/28/2023



Additional Comments

Please add additional comments here...

Submit

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GRACIAS

**WORK AND TRAVEL
TEMPORADA 2023-2024**
