

## Certificate for Medical Insurance Purchase 在读证明（购买医疗保险）

Date: \_\_\_\_\_

To Whom It May Concern 致相关人士：

This is to certify that (Student Name) is studying at Shanghai LeBoAi Education institution. Detailed students' personal information related are listed below:

兹证明学生\_\_\_\_\_（学生姓名）为上海乐博爱教育下属培训机构学生。学生相关信息如下表所列：

Student Name 学生姓名	
Student ID 学生学号	
Current Level 当前级别	
Date of Birth 出生日期	
Passport / ID Number 护照/身份证号码	

Our program does not manage Children's Hospitalization Fund for students.  
本机构不能办理少儿住院基金。

Sincerely yours,

Ms. Natalie Cary

Student Academic Director | Shanghai LeBoAi Education Training Co., Ltd

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