

OVERVIEW OF CERTIFICATES OF ASSISTANCE

Some organisations require proof of subscription to a service such as that provided by International SOS. The Certificate of Assistance (COA) is exactly that; it is used to prove that a traveller has a travel service that will manage the situation should there be a medical or security incident.

While International SOS is not an insurance provider, we will assist with advance payment or medical and evacuation repatriation expenses with the approval of your organisation's employer.

CERTIF PORTAL

The International SOS CERTIF portal enables subscribers to generate a COA for themselves or their employees.

CERTIFICATE CREATION

Accessing the Portal

To begin creating your Certificate of Assistance, follow this link to the [CERTIF](#) website and enter your organisation's membership number where indicated. This number can be found on your International SOS membership card, or within the Assistance App. More information on finding your membership number can be found [here](#).



**ACCESS
PORTAL**

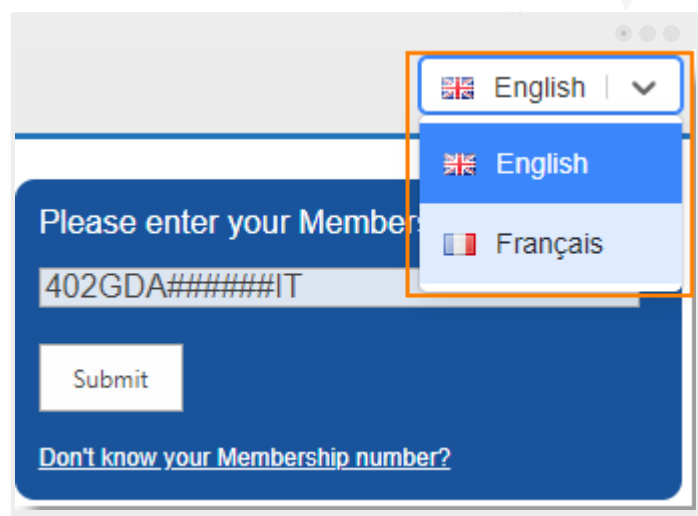
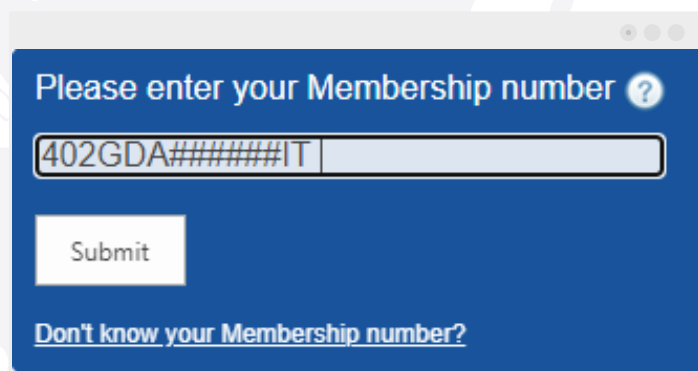
Click to access Portal



**MEMBERSHIP
INFORMATION**

*Click to access your
Membership Information*

Note that the website is currently available in English or French. You can change this via the language option in the upper right corner of the home page.





IMPORTANT: Certificates of Assistance are only to be generated when travelling for business, and travel must be approved by your manager.

Once logged in, you can begin the creation process. Note that your company/organisation and membership number automatically populate above the general information fields based on the membership number entered.

The screenshot shows a web application interface with a header bar containing 'Company/Organisation: JDR - Account Test' and 'Membership number: 402GDA963497IT'. Below this is a progress bar with four steps: 1 General Information, 2 Certificate Information, 3 Confirmation, and 4 Validation. The 'General Information' step is active. It contains three dropdown menus: 'Type of Requestor *' (with 'Select' as the current option), 'Beneficiary of the Request *', and 'Status *'. A 'Continue' button is located at the bottom right of the form.

OPTION 1

The first option refers to the **Type of Requestor** for whom the COA is to be provided. This can be Company (on behalf of your organisation), yourself, or for someone else covered under you.¹

OPTION 2

The second option refers to the **Beneficiary of the Request**, or the individual who benefits from the Certificate of Assistance and for whom the COA is issued.

The status can vary between assignee and his/her dependants, or international traveller and his/her dependants.

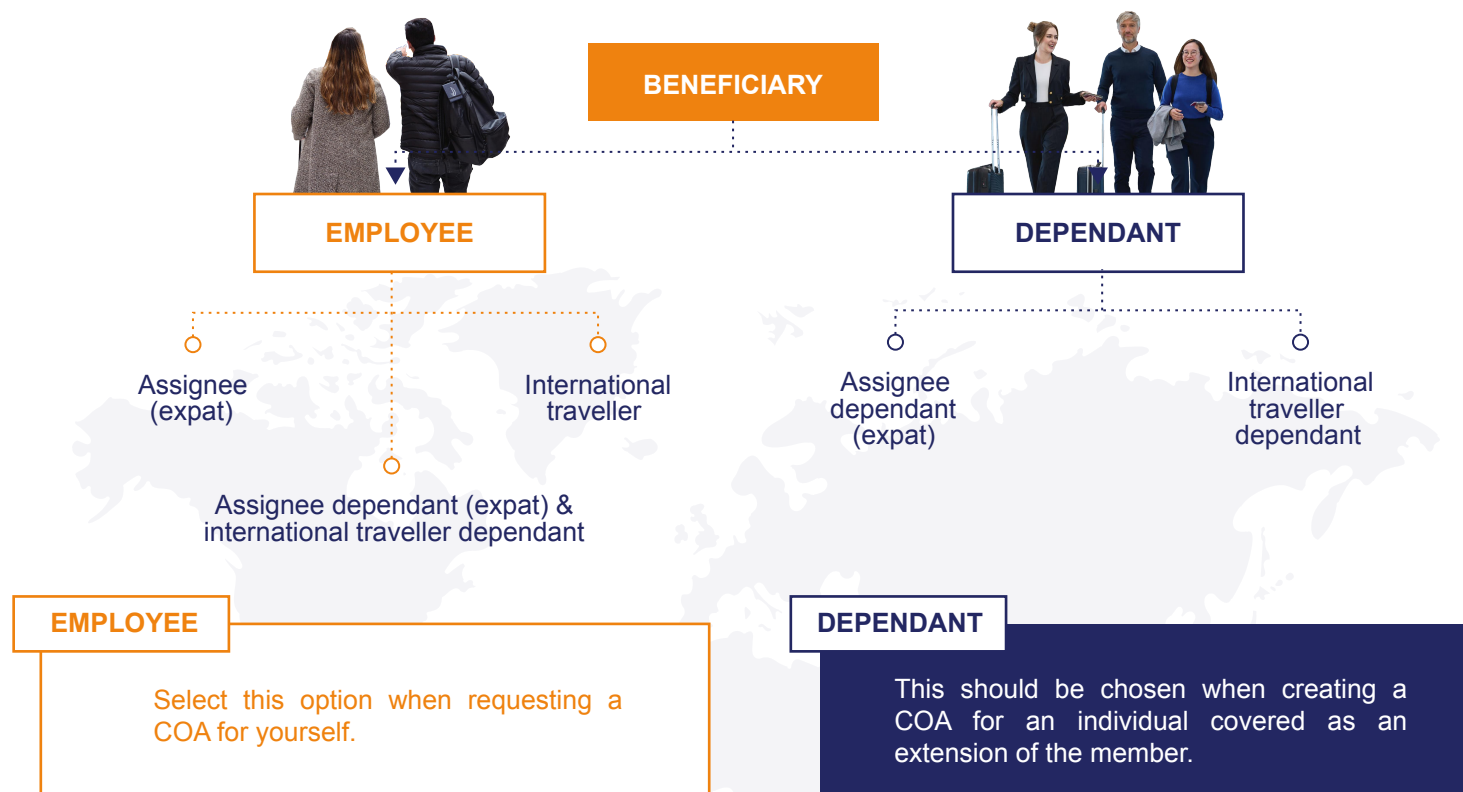
- An international traveller is a member that the company has declared to be on a work-related assignment on behalf of the company outside his or her home country, or his or her country of assignment, for either less than 90 consecutive days for a single trip, or less than 180 accumulated days for multiple trips, during any consecutive 12 month period.
- An assignee is any member the subscriber has declared to be on a work-related assignment on behalf of the subscriber outside his or her home country for either periods equal to or exceeding 90 consecutive days for a single trip or equal to or more than 180 accumulated days for multiple trips during any twelve 12 month period.
- A dependant is someone in close relationship with an employee, whether that be a family member (spouse, child) or partner.



¹ Available selection options may vary depending on your organisation's declared population.

Company should be selected when creating a COA of behalf of someone else in the organisation, e.g. a travel manager requesting on behalf of an employee.

The beneficiary will be one of the following:



In the below example we've selected **Company** as the type of requestor, and the **Employee** as the beneficiary with an **International Traveller** status.

Company/Organisation: JDR - Account Test | Membership number: 402GDA963497/T

1 General Information 2 Certificate Information 3 Confirmation 4 Validation

General Information

Type of Requestor *	Beneficiary of the Request *	Status *
Company	Employee	International Travelers

[Continue](#)

Select **Continue** once you've completed the fields on this page.

CERTIFICATE INFORMATION

This is where you enter the details for the certificate, including your contact information, travel details, and medical expenses.

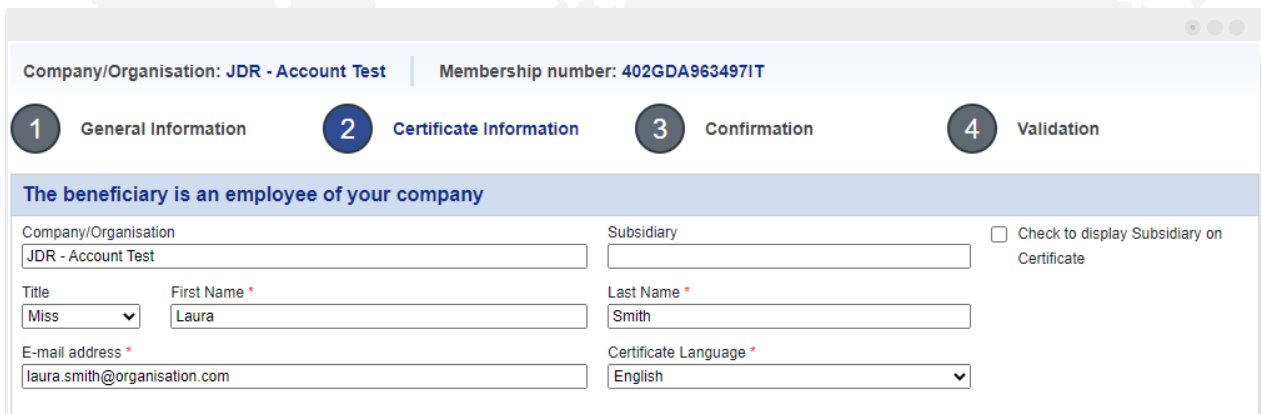
Note that the membership number you logged in with is displayed in the header, together with the company/organisation linked to that number.

BENEFICIARY

In this section enter information about the beneficiary of the COA - the individual for whom the certificate is issued.

If you are part of a subsidiary of a company, you should enter the name of the subsidiary and the box to the right if it is to be included in the certificate.

Complete the remaining required fields and select the language (English or French) in which you wish the certificate to be issued.



Company/Organisation: JDR - Account Test | Membership number: 402GDA963497IT

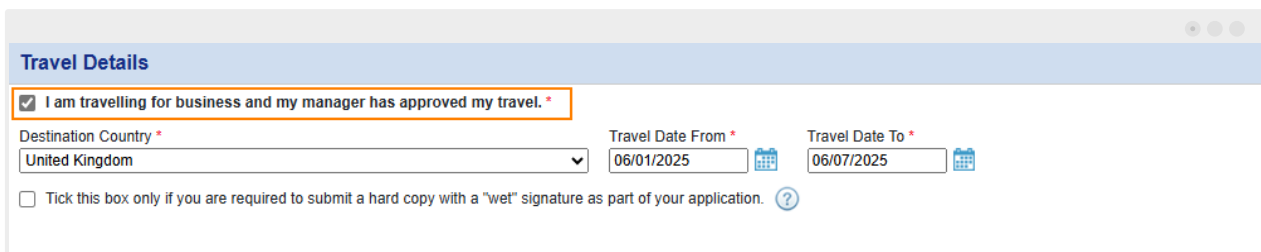
1 General Information | 2 Certificate Information | 3 Confirmation | 4 Validation

The beneficiary is an employee of your company

Company/Organisation JDR - Account Test		Subsidiary	☐ Check to display Subsidiary on Certificate
Title Miss	First Name * Laura	Last Name * Smith	
E-mail address * laura.smith@organisation.com		Certificate Language * English	

TRAVEL DETAILS

This section captures basic trip details, including your destination country and travel dates. By selecting the option circled in the image below, you are confirming that your manager has approved this business travel. You will not be able to proceed otherwise.



Travel Details

☒ I am travelling for business and my manager has approved my travel. *

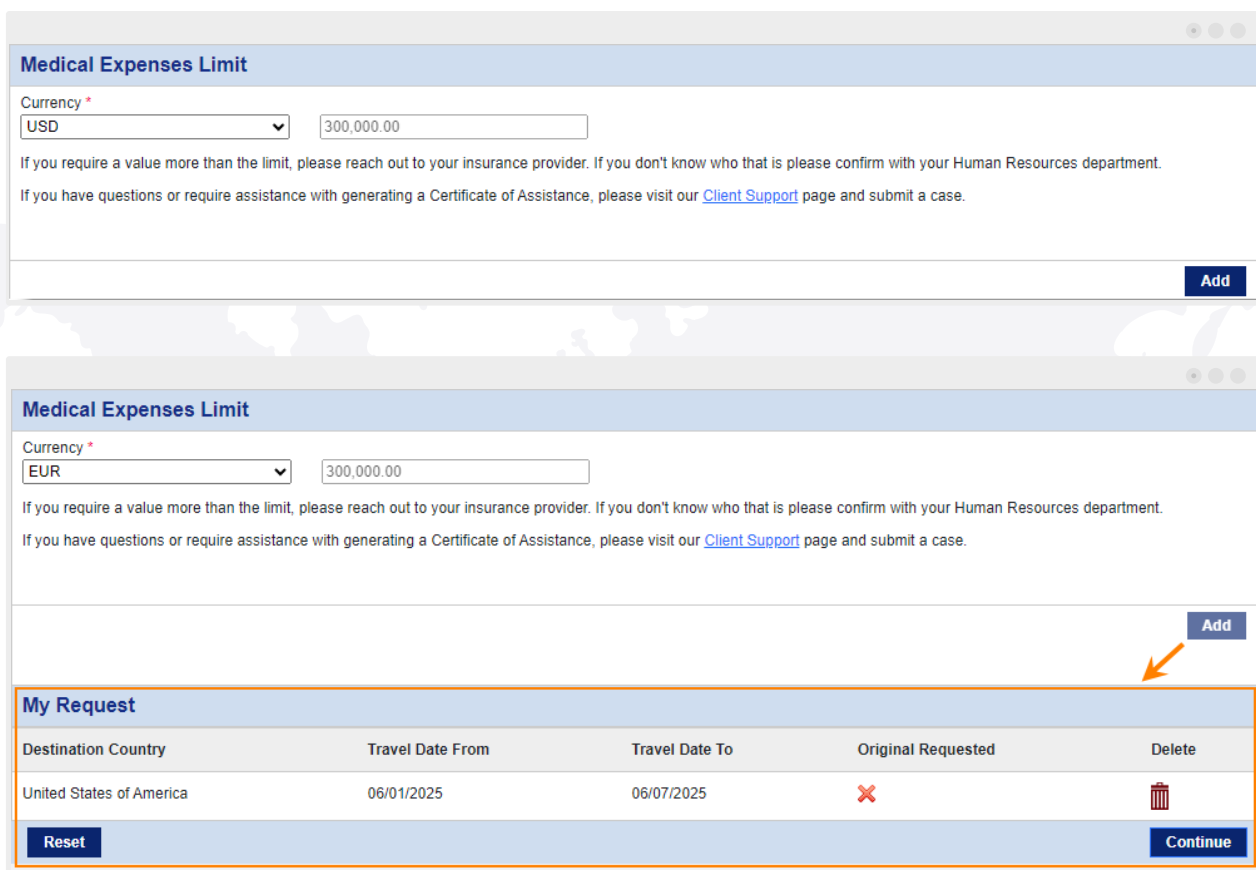
Destination Country * United Kingdom	Travel Date From * 06/01/2025	Travel Date To * 06/07/2025
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☐ Tick this box only if you are required to submit a hard copy with a "wet" signature as part of your application. ?

MEDICAL EXPENSES LIMIT

The last section is to remind you of your medical expenses limit, in dollars (USD) or Euros (EUR). Note that this value is automatically set at 300.000.00, regardless of currency, and cannot be changed.²

Once complete, click on the **Add** button to add the trip to your request. You can then either restart the form for additional certificates or move to the next page for confirmation. Any existing requests will be shown at the bottom of the page. Select **Continue** when ready.



Medical Expenses Limit

Currency *

If you require a value more than the limit, please reach out to your insurance provider. If you don't know who that is please confirm with your Human Resources department.
 If you have questions or require assistance with generating a Certificate of Assistance, please visit our [Client Support](#) page and submit a case.

Add

Medical Expenses Limit

Currency *

If you require a value more than the limit, please reach out to your insurance provider. If you don't know who that is please confirm with your Human Resources department.
 If you have questions or require assistance with generating a Certificate of Assistance, please visit our [Client Support](#) page and submit a case.

Add

My Request

Destination Country	Travel Date From	Travel Date To	Original Requested	Delete
United States of America	06/01/2025	06/07/2025	✗	

Reset **Continue**

CONFIRMATION

This page will display a summary of your request(s) and an option to send copies to the email address(es) you provided. **Be sure to select the + sign to the right of the field** to add recipients.

Once ready, select the checkbox to acknowledge responsibility for the information provided (required) and press **Continue**.

² This can only be modified by internal team members creating certificates on behalf of the client.

Request Summary

Company/Organisation	Last Name	First Name	Destination Country	Certificate Language	Travel Date From	Travel Date To	Original Requested	Modify	Delete
JDR - Account Test	Smith	Laura	United States of America	English	06/01/2025	06/07/2025	✗		

This document will be sent to : laura.smith@organisation.com

You can also send a copy of the document by email :

☒ I acknowledge that I am solely responsible should the information submitted via the online form be inaccurate, incomplete, untrue, or not current. I also acknowledge that International SOS will not be held liable for any inaccurate information mentioned on the Certificate of Assistance and that the delivered Certificate is only valid within the coverage limits of the relevant membership agreement entered into with International SOS, and is subject to amendments or possible termination. [International SOS Terms & Conditions of use](#)

Add Request
Continue

VALIDATION

You've now completed the certificate creation process. After a few minutes, you should receive two emails from certif-helpdesk@internationalsos.com: one password-protected and including the Certificate of Assistance, and another containing the password to access. The email subject will appear as follows:

Your Certificate of Assistance:

[ACCOUNT NAME] / [MEMBERSHIP NUMBER] / [NAME]

Your Certificate of Assistance:

[ACCOUNT NAME] / [MEMBERSHIP NUMBER] / [NAME] – Password

CERTIFICATION OF ASSISTANCE DOCUMENT

Confirmation email & certificate

Dear Madam/Sir,

Further to your request, please find attached your Certificate of Assistance.

In case that the Certificate is password protected, you will receive a second e-mail shortly containing the password.

Thank you for using our services and feel free to contact us if you need any further assistance.

For future requests, please note that our "Online Certificate of Assistance " application is available 24/7. To benefit from this service, please click [here](#).

Best regards,
International SOS Certificate of Assistance Team

CERTIFICATION OF ASSISTANCE DOCUMENT

CERTIFICATE OF ASSISTANCE

Date:

To whom it may concern,

[Your company] is a subscriber to an International SOS Assistance program number [your membership number].

The program includes medical evacuation, repatriation to home country, repatriation of mortal remains as well as medical advice, referrals, dental services, and the monitoring of hospitalization, and COVID-19 or SARS COV-2.

International SOS is a medical and travel security risk services Company.

The services rendered by International SOS are done on behalf of and per agreement with [your company]. The services will cover up to **300 000 USD**. Coverage is split evenly between contracted medical services and medical evacuation/repatriation. There is no deductible or co-pay required by International SOS.

[The Beneficiary] benefits from this program during their travels to [selected Country] from [travel start date] to [travel end date] subject to validity of the above-mentioned program.

This certificate is valid [for three months] solely for submission by the individuals named herein to a governmental body vested with the authority to grant visas for travel to the destination(s) listed above. This is not a contract for services and does not alter the terms and conditions of the above-mentioned program.

Password Email

Dear Madam/Sir,

Thank you for your request for a Certificate of Assistance. Please find below the password to be used while opening the document:

[password]

Best regards,
International SOS Certificate of Assistance team