

MANDATORY INSURANCE REQUIREMENTS: J-1 & J-2 VISA HOLDERS

Pursuant to the U.S. Department of State regulations and the U.S. Code of Federal Regulations governing Exchange Visitor Programs (22CFR514.14), all J-1 and accompanying J-2 family members are required to obtain health, accident, medical evacuation and repatriation of remains insurance coverage while in the United States. The insurance policies must cover the exchange visitor and all accompanying dependents. To keep our files current, please be sure to provide our office with proof of insurance each time you renew your insurance policy.

Minimum health insurance coverage must provide:

- Medical benefits of at least **\$50,000** per accident or illness;
- Repatriation or remains in the amount of **\$7,500**;
- Expenses associated with the medical evacuation of the exchange visitor to his/her home country in the amount of **\$10,000**; and,
- A deductible not to exceed **\$500** per accident or illness.

The insurance policy must be underwritten by an insurance corporation having an A.M. Best rating of “A-“ or above, an Insurance Solvency International, Ltd. (ISI) rating “A-“ or above, a Standard & Poor’s Claims-Paying Ability of “A-“ or above, a Weiss Research, Inc. rating of “B+” or above, or such other rating services as the Department of State may from time to time specify. Insurance coverage backed by the full faith and credit of the government of the exchange visitor’s home country shall be deemed to meet this requirement.

Any exchange visitor who willfully refuses to comply with this requirement shall be considered to be in violation of his/her exchange visitor status. The program sponsor is obligated to inform the U.S. Department of State of exchange visitor non-compliance.

PLEASE COMPLETE THE FOLLOWING CERTIFICATION AND RETURN THIS TO THE OFFICE OF INTERNATIONAL EDUCATION WITHIN THE FIRST MONTH OF YOUR STAY

I certify that I have read and understand the information above concerning the Department of State’s requirement for exchange visitors and accompanying dependents to have insurance. I am in compliance and have obtained the appropriate insurance coverage for myself and my J-2 dependents (if applicable) as indicated above.

_____	_____
SIGNATURE	DATE

PRINT NAME	
_____	_____
NAME OF INSURANCE COMPANY	EXPIRATION DATE OF INSURANCE