

J-1 Exchange Visitor Health Insurance Requirement

An Exchange Visitor (Research Scholar, Student, Professor, Short-Term Scholar, or Alien Physician) must maintain health insurance coverage for him or herself and for any dependents residing in the United States in J-1 status. Government regulations stipulate that Exchange Visitors who willfully fail to maintain adequate health insurance coverage must be terminated from their Exchange Visitor Program. Failure to maintain adequate health insurance coverage is a violation of J-1 status and will result in the loss of academic appointment, extension of stay, change of status, etc... U. S. Department of State (DOS) regulations [22 CFR Part 62.14] mandate the each J-1 Exchange Visitor and J-2 dependent have valid Health insurance that meets or exceeds the following requirements:

- medical benefits of no less than \$100,000 per accident or illness ;
- a maximum \$500 deductible per accident or illness;
- medical evacuation benefits of \$50,000;
- repatriation of remains in the amount of \$25,000

Any policy, plan or contract secured to fill the above requirements must, at a minimum be;

- Underwritten by an insurance corporation having an A.M. Best rating of "A--" or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above; a Weiss Research, Inc rating of "B+" or above, a Fitch Ratings, Inc rating of "A-" or above, a Moody Investor Services rating of "A3" or above, or such other ratings as the Department of State may from time to time specify; OR
- Backed by the full faith and credit of the government of the exchange visitor's home country; OR
- Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; OR
- Offered through or underwritten by a federally qualified Health Maintenance Organization (HMO), or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services.
- Cover the Exchange Visitor and Dependent family members for the duration of the Exchange Visitor Program as recorded in the "Program Begin Date" and "Program End Date" on Form DS-2019.

J-1 Exchange Visitor Health Insurance Pledge

I pledge to maintain adequate insurance coverage (as outlined above) for myself and my dependents residing in the United States. Further, I understand that willful failure to comply with the insurance requirement will result in the termination of my J-1 program, which will render me out of legal status, and that notification will be sent to the Department of State should that occur.

J-1 Exchange Visitor Name: _____

Signature: _____

Date: _____