



**International Programs Office
Health Insurance Compliance Form**

All participants in the Department of State Exchange Visitor Program must agree to comply with the mandatory insurance requirement. Exchange Scholars must sign and return this form with the Exchange Scholar Data Form. The International Programs Office (IPO) will not issue Form DS-2019 to the prospective Exchange Scholar until it has received a signed copy of this document.

(SIGN, THEN SCAN AND ATTACH TO EMAIL OR FAX TO SPONSORING DEPARTMENT)

Department of State (DOS) regulations require Exchange Visitor Program sponsors to monitor insurance coverage for all J-1 and J-2 participants under their sponsorship. While no recommendations are made on specific policies or carriers, the regulations do establish minimum coverage as follows:

- 1) **Medical benefits** of at least \$50,000 per accident or illness;
- 2) **Repatriation of remains** in the amount of \$7,500;
- 3) Expenses associated with **medical evacuation** of the exchange visitor to his or her home country in the amount of \$10,000.

An insurance policy secured to fulfill these requirements must provide coverage for activities inherent to the exchange program but may impose the following conditions:

- 1) A waiting period for pre-existing conditions as long as the waiting period is reasonable by current industry standards;
- 2) A co-payment not greater than 25%;
- 3) A deductible not to exceed \$500 per accident or illness.

In addition to the standards for coverage, the DOS regulations at Title 22 Code of Federal Regulations Part 62.14 also set forth financial solvency rating requirements for exchange visitor insurance underwriters. Coverage backed by the full faith and credit of the government of the exchange visitor's home country are exempt from these rating requirements.

Important: Department of State regulations require the Exchange Visitor to have insurance coverage in place for the duration of the program. ASU is required to terminate an exchange visitor's participation in the program if the visitor and/or his/her dependents willfully fail to comply with and maintain the required insurance coverage.

I verify that I have read the information contained above and that I will comply with the insurance regulations as specified by the U.S. Department of State. I understand that it is my responsibility to maintain health insurance coverage for myself and any J-2 dependents for the duration of my J-1 program. I also understand that willful failure to comply with these requirements will result in my termination from the exchange visitor program.

Name (please print) _____

Signature _____ Date _____

Return this completed form to your sponsoring department. (We recommend that you keep a copy for your records.)